Natural Aesthetics
Cosmetic & Implant Dental Lab

AUTHORIZATION

Dr Signature*_____

License#_____

1172 W. 700 N. Ste 210
Lindon, Utah 84042
Lab: 801-701-3377
Web: naturaldl.com
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Appointment Date: _____ Due Date:_____

Patient Name : _____

Doctor : _____Sex:_____

Address : _____

City : _____St. _____Zip: _____

Phone: _____

TYPE OF RESTORATION

- ❑ Diagnostic Wax Up- teeth #'s _____
- ❑ Fieldspathic - Teeth #'s_____
- ❑ e.Max - Teeth #'s_____
- ❑ e.Max Zirconia - Teeth #'s_____
- ❑ Porcelain to Metal - Teeth #'s_____
- ❑ ❑ NP ❑ SP ❑ HN ❑ Yellow Gold
- ❑ Full Metal (mark design below ✻ is defalt if not selected)

ITEMS INCLUDED WITH THE CASE

- ❑ Opposing Impression
- ❑ Pre-op Models
- ❑ Master Impressions (Qty: _____)
- ❑ Bite Registration W/O Stick Bite
- ❑ Impression of Provisionals
- ❑ Stick Bite
- ❑ CR Bite Registration
- ❑ Bite Registration of Provisionals against Preps
- ❑ Facebow Transfer Jig Mfg_____
- ❑ Incisal Edge Matrix
- ❑ Photographs

GOALS FOR CASE

- ❑ Close Diastema
- ❑ More Youthful Smile
- ❑ Move Midline ❍R or ❍L
- ❑ Feminize Smile
- ❑ Change Vertical Dimension
- ❑ Other: _____

OUTLINE SHAPE

- ❑ Provisionals
- ❑ Pre-op Model
- ❑ Smile Catalog Shape _____
- ❑ Other: _____

ARTICULAR PREFERENCE

- ❑ Stratos ❑ Artex
- ❑ Denar ❑ Panadent
- ❑ Other: _____

INCISAL TRANSLUCENCY

❍Minimal .5 ❍Moderate 1.0 ❍Maximum 1.5

SURFACE TEXTURE

❍Smooth ❍Slight ❍Moderate ❍Heavy

SHADE OF INCISAL

❍Blue ❍White ❍Grey ❍Amber ❍Clear

SHADE OF PREPS

_____

_____

SHADE (see teeth diagram)

_____

_____

LENGTH OF CENTRALS

❍#8_____ ❍#9 _____

LENGTH OF CUSPIDS

❍#6_____ ❍#11_____

NOTES

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