



Appointment Date: _____ Time: _____

Dr: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Patient Name: _____ Sex: _____

Type of Restoration

- Diagnostic Wax Up-teeth#s _____
- IPS e.max-teeth#s _____
- Empress-teeth#s _____
- Feldspathic-teeth#s _____
- Porc. to Zirc-teeth#s _____
- Press to Zirc-teeth#s _____
- PFG-teeth#s _____
- Other _____

Items Included with Case

- Opposing Impression
- Pre-op Models
- Master Impressions (Qty: _____)
- Bite Registration w/o Stick
- Impression of Provisionals
- Stick Bite
- CR Bite Registration
- Bite Registration of Provisionals Against Prep
- Face Bow Transfer Mfg _____
- Incisal Edge Matrix

EMAIL PHOTOS TO:
photos@treasuredentalstudio.com

Goals for Case

- Close Diastema
- More Youthful Smile
- Move Midline (to patient's R or L)
- Feminize Smile
- Change Vertical Dimension: _____
- Other: _____

Shade of Preparation

Stump Shade Teeth # _____

Shade *(see teeth diagram)*

Shade of Incisal

- White Blue Gray
- Amber Clear

Surface Texture

- Smooth Slight
- Moderate Heavy

Incisal Translucency

- Minimal .5 Maximum 1.5
- Moderate 1.0



Articular Preference

- Stratos
- Denar
- Panadent
- Artex
- SAM 3
- KAVO
- Other _____

Outline Shape

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

Length of Centrals

- #8 _____ #9 _____

Length of Cuspids

- #6 _____ #11 _____

Authorization

Dr. Signature: _____

License #: _____

Net 30 days. A finance charge of 2 percent per month will be charged on all past due accounts. If collection is made by suit or otherwise the doctor agrees to pay collection costs, reasonable attorney's fees, and legal expenses.

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