



9067 W. Post Rd, Ste B, Las Vegas, NV 89148  
phone 702.363.4877 fax 702.433.4806  
[www.estheticalliance.com](http://www.estheticalliance.com)

Date \_\_\_\_\_

Due Date \_\_\_\_\_

Doctor \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Name of Patient \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

**Items to Include in Case**

- Master Impression
- Diagnostic wax-up
- Face bow jig
- Opposing impression or model
- Model or impressions of provisions
- Other \_\_\_\_\_
- Strike bite
- Pre-operative models \_\_\_\_\_
- Bite registration
- Photos (Qty. \_\_) Slides (Qty. \_\_)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Goal of Final Case \_\_\_\_\_

---



---



---

**Type of Restoration Desired**

- Express Esthetic – teeth #'s \_\_\_\_\_
- Pressed over zirconia – teeth #'s \_\_\_\_\_
- Emax – Lithium Disilicate – teeth #'s \_\_\_\_\_
- Other – teeth #'s \_\_\_\_\_
- Emax – Pressed over Zirconia – teeth #'s \_\_\_\_\_

**Vertical Dimension**  Open bite

Vertical measurement \_\_\_\_\_ mm CEJ # \_\_\_\_\_ to CEJ tooth # \_\_\_\_\_

**Length**

Centrals (tooth # \_\_\_\_\_) \_\_\_\_\_ mm less than centrals    Canine (tooth # \_\_\_\_\_) \_\_\_\_\_ mm

Any special length instructions \_\_\_\_\_

**Shape**

Smile guide design # \_\_\_\_\_                       Match photographs included \_\_\_\_\_

Smile catalog design \_\_\_\_\_                       Match contralateral \_\_\_\_\_

Other \_\_\_\_\_

**Shape of Preparation**

Stump shade teeth #'s \_\_\_\_\_ ST \_\_\_\_\_      Stump shade teeth #'s \_\_\_\_\_ ST \_\_\_\_\_

Stump shade teeth #'s \_\_\_\_\_ ST \_\_\_\_\_      Stump shade teeth #'s \_\_\_\_\_ ST \_\_\_\_\_

**Shade**

Body Shade \_\_\_\_\_      Gingival Shade \_\_\_\_\_      Incisal Shade \_\_\_\_\_      Occlusal Staining \_\_\_\_\_

**Incisal Translucency**

Minimal (0.5mm)                       Moderate (1.0mm)                       Maximum (1.5mm)

**Shade of Incisal Translucency**

Clear                       Smoke                       Frosted                       Amber

**Surface Texture**

High                       Medium                       Light                       Smooth (no surface texture)

**Surface Finish**

High Glaze     Polished gloss     Satin finish     Low Gloss

Provide reduction coping if necessary to improve aesthetics, reduce opposing or call and ask to re-prep

Miscellaneous Information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Doctor's signature \_\_\_\_\_

License # \_\_\_\_\_