

# DIGITAL SMILE INNOVATIONS

A Full Service Digital Dental Laboratory

Due Date (not appt. date): \_\_\_\_\_

Doctor: \_\_\_\_\_

Patience Name: \_\_\_\_\_

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

Age: \_\_\_\_\_ Sex: \_\_\_\_M \_\_\_\_F

Tooth #: \_\_\_\_\_ Shade\_\_\_\_\_ Prep

## Fixed Restorations

- ☐ Zirconia Full Contour
- ☐ Zirconia Layered (PFZ)
- ☐ E.max
- ☐ PFM
- ☐ Full Cast
- ☐ Implant Screw Retained
- ☐ Implant Cement Retained

## Implants

Type: \_\_\_\_\_

Size: \_\_\_\_\_

## Metal

- ☐ Non-Precious
- ☐ Semi-Precious
- ☐ High Noble

## Removable Appliances

- ☐ Acrylic Denture
- ☐ Stayplate (1-3 teeth)
- ☐ Acrylic Partial (with clasps)
- ☐ Cast Metal Partial
- ☐ Flexible Partial
- ☐ Night Guard Hard
- ☐ Night Guard (Soft/Hard)
- ☐ Sports Guard
- ☐ Repair
- ☐ Reline: \_\_\_\_\_Soft \_\_\_\_\_ Hard

## Process

- ☐ Custom Tray
- ☐ Bite Block
- ☐ Set-up/Try-in
- ☐ Finish
- ☐ Other: \_\_\_\_\_

## Special Instructions:

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_