"Specialists in Anterior Aesthetics"

Esthetic Solutions

104 Kenner Avenue Nashville, TN 37205 **615-891-2121**
www.estheticsolutionsinc.com **info@estheticsolutionsinc.com**

FOR LABORATORY USE ONLY

ORDER # **REC. DATE:**

PAN # **DEL. DATE:**

DR. NAME _____ RX DATE _____

PATIENT NAME _____ SEX ☐ M ☐ F AGE: _____

TEETH NUMBERS (CIRCLE)

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

☐ Evaluation ☐ Die Trim ☐ Wax-up
☐ Try-in ☐ Bisque ☐ Finish

SIGNATURE DIAGNOSTIC WAX UP

☐ Diagnostic Wax Up ☐ Aesthetic Temporaries ☐ Soft Tissue Mask

INSTRUCTIONS:

Five years limited warranty. For additional details , please visit our website:
https://www.estheticsolutionsinc.com/submit-a-case

SHADE CHARACTERIZATION

Shade _____

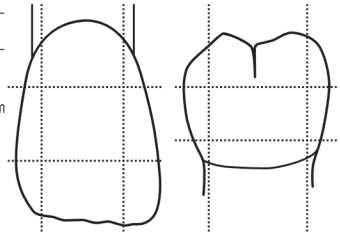
Stump Shade _____

OCCLUSAL STAIN

☐ None ☐ Light ☐ Medium
☐ Dark

INCISAL TRANSLUCENCY

☐ 0.5mm ☐ 1.0mm ☐ 1.5mm
☐ Other _____ mm



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MO
DT
WX
MF
OP
PK
GR
GL
PO

MIDLINE SHIFT

R _____ mm L _____ mm

FRAME DESIGN (PLEASE CIRCLE)

MARGIN DESIGN

☐ All Porcelain-Facial Margin
☐ All Porcelain Margin 360°
☐ Show No Metal (Traditional PFM)
☐ Show No Metal 360°
☐ Metal Margin 360°

PONTIC DESIGN (PLEASE CIRCLE)

Sanitary Full Ridge Modified Ounte Bullet ____ mm

RIDGE RELIEF ☐ Yes ☐ No _____ mm

IF INSUFFICIENT ROOM

☐ Please Call
☐ Reduce/Mark on Opposing

MOLD OF CROWN DESIRED

☐ Follow Study Model
☐ Match Existing
☐ Catalogue

OCCLUSAL CLEARANCE

☐ In Occlusion
☐ Out of Occlusion
☐ Die Spacer on Opposing

SURFACE ANATOMY

☐ Smooth
☐ Textured
☐ Mamelon Development
☐ Match Existing

GOAL OF FINAL CASE

☐ Change Shape ☐ Canine Guidance ☐ Lengthen Teeth
☐ Close Diastema ☐ Move Midline ☐ Group Function

HAVE YOU INCLUDED THE FOLLOWING

☐ Impression / Master
☐ Bite
☐ Opposing Model
☐ Bite Stick
☐ Study Model
☐ Temps Model
☐ Shade Tab
☐ Photos-Slides
☐ Face Bow
☐ Articulator

TYPE OF ARTICULATOR DESIRED _____

SMILE CATALOGUE SELECTION _____

SIGNATURE OF DENTIST _____ LICENSE # _____