

CLASSIC

DENTAL STUDIO, INC.

SMILE DESIGN WORKSHEET

DOCTOR: _____ DATE: _____

Patient Name: _____ Gender: Male Female Age: _____

Teeth to be Restored:

Treatment Plan:

Goal of Final Case (Check all that apply):

- Change Shade Close Diastema Lengthen teeth Change Shape
 Move Midline Widen Buccal Corridor Feminize Smile "Youthenize Smile"
 Replace existing PFM's Other: _____

Request Patient Esthetic Consult with Lab

Items Included with Case:

- Master Impression (Qty. _____) Opposing Impression
 Pre-operative Models Diagnostic Wax-up Bite Registration w/ Stick
 Bite Registration w/o Stick Face Transfer Jig (Manufacturer: _____)
 Impression of Patient Approved Provisionals Incisal Matrix
 Photos (Qty. _____) Slides (Qty. _____) Photos or Digital Media

Materials:

Feldspathic Teeth #'s: _____

Empress Teeth #'s: _____

Emax Teeth #'s: _____

Zirconia #'s: _____

Porcelain Fused to Metal Teeth #'s: _____

Details: _____



SMILE DESIGN WORKSHEET

Shade of Preparations ND ST

Tooth #'s:

Shade:

Stump Shade: _____

Stump Shade: _____

Stump Shade: _____

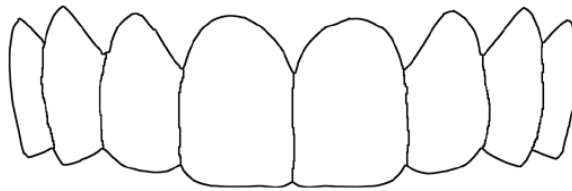
Stump Shade: _____

Shade:

Body Shade: _____ Gingival Shade: _____

Incisal Shade: _____ Occlusal Staining: _____

Blend Cervical Porcelain Shade into Cervical Stump Shade



Light Source Used to Take Shade:

Operatory Florescent Natural Sunlight Other: _____

Shape

Smile Design Handbook: _____ Smile Guide Design: _____

Match Photographs Included: _____ Smile Catalog Design: _____

Length:

Centrals _____ mm Laterals _____ mm Canines _____ mm

Copy General Length of Incisal Index (Mock-Up), Perfect Incisal Anatomy

Incisal Translucency

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

Shade of Translucency: Clear Smoke Frosted Amber

Surface Texture: High Glaze Polished Gloss Satin Finish Low Gloss

Degree of Opacity (Feldspathic): Only 25% 50% 75% 100%

Notes: _____

Doctor's Signature: _____ License #: _____

