

Unique Case Number

Practice Address :

Prescribing Dentist's name :

Crown & Bridge

All Ceramic (e.max)	<input type="checkbox"/>
Zirconium + e.max	<input type="checkbox"/>
Zirconium	<input type="checkbox"/>
Metal Bonded	<input type="checkbox"/>
Composite	<input type="checkbox"/>
Implant	<input type="checkbox"/>

Denture

Vertex (semi rigid)	<input type="checkbox"/>
Flexi Denture	<input type="checkbox"/>
Chrome	<input type="checkbox"/>
Acrylic	<input type="checkbox"/>
Bite Block	<input type="checkbox"/>
Special Tray	<input type="checkbox"/>

Diagnostic / Other

Diagnostic Wax-up	<input type="checkbox"/>
Model Of Prep Design	<input type="checkbox"/>
Prep Reduction Matrix	<input type="checkbox"/>
Clear Stent - Provisionals	<input type="checkbox"/>
Silicone Matrix - Provisionals	<input type="checkbox"/>
Denar Articulation	<input type="checkbox"/>

This device is for the exclusive use of:

Patient's Name :

Gender: Age:


Cosmetic Issues

Adjust Midline	<input type="checkbox"/>	Develop Buccal Corridor	<input type="checkbox"/>	Contour Change	<input type="checkbox"/>
Close Diestema Spaces	<input type="checkbox"/>	Shape Change	<input type="checkbox"/>	Shade Change	<input type="checkbox"/>

Shade :



Teeth to be restored



Adjust Gingival Heights



Items Included With Case

Pre-op Imp/model	<input type="checkbox"/> U	<input type="checkbox"/> L
Provisionals Imp/model	<input type="checkbox"/> U	<input type="checkbox"/> L
Final Impressions	<input type="checkbox"/> U	<input type="checkbox"/> L

Anterior & Posterior Arch Form

Length Of	<input type="text"/>	Is Correct	<input type="checkbox"/>
Lengthen	<input type="text"/>	By	<input type="text"/> mm
Shorten	<input type="text"/>	By	<input type="text"/> mm

Midline

Is Correct	<input type="checkbox"/>
Move Right	By <input type="text"/> mm
Move Left	By <input type="text"/> mm

Dr. Trent Smallwood:
Platinum Paradigm
Smile Design Number:

www.smiledesignbook.com

Incisal Edge Position

Bring	<input type="text"/>	Out Buccally	<input type="checkbox"/>
Bring	<input type="text"/>	In Palatally	<input type="checkbox"/>

Lip Line Position

Normal	<input type="checkbox"/>
Low	<input type="checkbox"/>
High	<input type="checkbox"/>

Photographic Checklist
email to : photo@gdclab.uk

Not Required for this case	<input type="checkbox"/>
Portrait - lips In Repose	<input type="checkbox"/>
Portrait - lips Retracted	<input type="checkbox"/>
Maximum Smile (occluding)	<input type="checkbox"/>
Maximum Smile (open 2mm)	<input type="checkbox"/>
Shade Tab (held tip-to-tip)	<input type="checkbox"/>

Goals of Final Case / Instructions

PTO

Completed work required by :
Day before appointment please

Official use

This device conforms to essential requirements in Annex one of the medical devices directive and this is a statement for that purpose. Any requirements not met are identified above and clearly marked as such. MHRA Reg. No. CA01336