

Excel Signature Select

Esthetic Lab Prescription

Dr: _____
Address: _____
email: _____
Office number: _____
Office contact person: _____
Mobile number: _____
(OK to call /Days and Times) _____
___ Call me when receiving case to discuss

Date: _____
Patient: _____
Gender: _____
Age: _____
Due date: _____
Appointment Date: _____



Charles
Charles Moreno, MDT, CDT, FAACD

Case description:

Teeth to be restored: _____
Type of restorations desired: _____

_____ Call to Discuss

Goals of Restoration:

- Close diastemas
- Change shade
- Lengthen teeth
- Widen buccal corridor
- Move midline
- Change shape
- Rejuvenate Smile
- Feminize smile
- Replace restorations
- Correct Occlusal Plane
- Idealize Occlusion
- Other _____

Items included with case:

- (Qty) _____ Preop Models /Impressions
- _____ Diagnostic waxup
- _____ Master impressions
- _____ Opposing Model/impression
- _____ Bite registrations
- _____ Stick Bite
- _____ Facebow transfer jig: Type _____
- _____ Model/Impression of provisionals
- _____ Matrix of Approved provisionals/ _____
- _____ Photos of: Preop Shade Prep shade Provisionals Smile Guide
- _____ Video of Patient in motion

Photos sent as: Prints Disc USB Emailed To Follow

Shade Desired:

Teeth #: Shade:

Teeth #: Shade:

Value: High/Medium/Low

Occlusal color: yes/no _____ Occlusal grooves stain: _____

Incisal Translucency: Minimal 0.5mm Moderate 1.0mm Pronounced: 1.5mm _____

Incisal trans shade: Clear-grey Frosted Amber Other _____

Incisal Edge: Flat Characterized Mamelons

Surface texture: Smooth Light Medium Pronounced

Surface Finish: High Glaze Polished Gloss Satin finish Low Gloss

Smile Design:

Follow the following Smile Guide: (LVI – Discus - Lorin - _____)

Match Photos of Smile Guide included

Match Contralaterals

Match Provisionals exactly with lab added artistry

Match Provisionals with lab added artistry

Other _____

Length:

Match to length on: Preop Model __ Temp Model __ Other _____

Length of: Centrals ____mm. Laterals ____mm. Canines ____mm.

Incisal edges all even length

Laterals __mm shorter than Centrals / Canines

Other- _____

Other Design parameters:

Proximal Contacts: ____Point ____ Broad ____ other _____

Gingival Embrasures: ____mm from contact point Open Other: _____

Clearance preferences:

Provide reduction coping if necessary to improve aesthetics-Function-design

Reduce Opposing if necessary

Call me if any clearance issues

Additional Information Narrative:

