

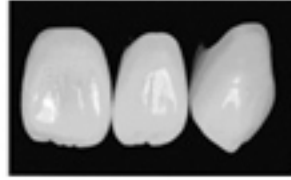
DENTIST NAME: _____

DENTAL PRACTICE + ADDRESS: _____

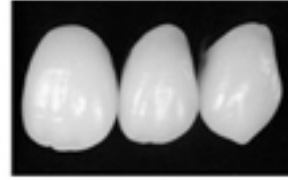
NICHE DENTAL STUDIO

856-428-4028

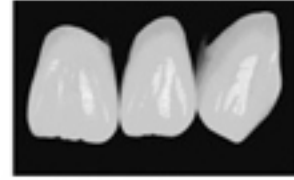
DESIRED TOOTH FORM



SQUARE



ROUND



TAPERED

PATIENT NAME: _____

DATE STARTED: _____

AGE: _____

M ___ F ___

TEXTURE: NONE ___ SLIGHT ___ PRONOUNCED ___

MATERIAL SELECTION

METAL ___ CERAMIC ___

INCISAL PLANE

PARALLEL ___ SLANTED RIGHT ___ SLANTED LEFT ___

MAINTAIN ___

MAINTAIN ___

MODIFY ___

MODIFY ___

CASE DESCRIPTION

TOOTH NUMBERS -



RETURN FOR

DIE TRIM ___

METAL TRY-IN ___

BISQUE BAKE ___

CALL DOCTOR ___

PLEASE USE BACK FOR MORE DESCRIPTION

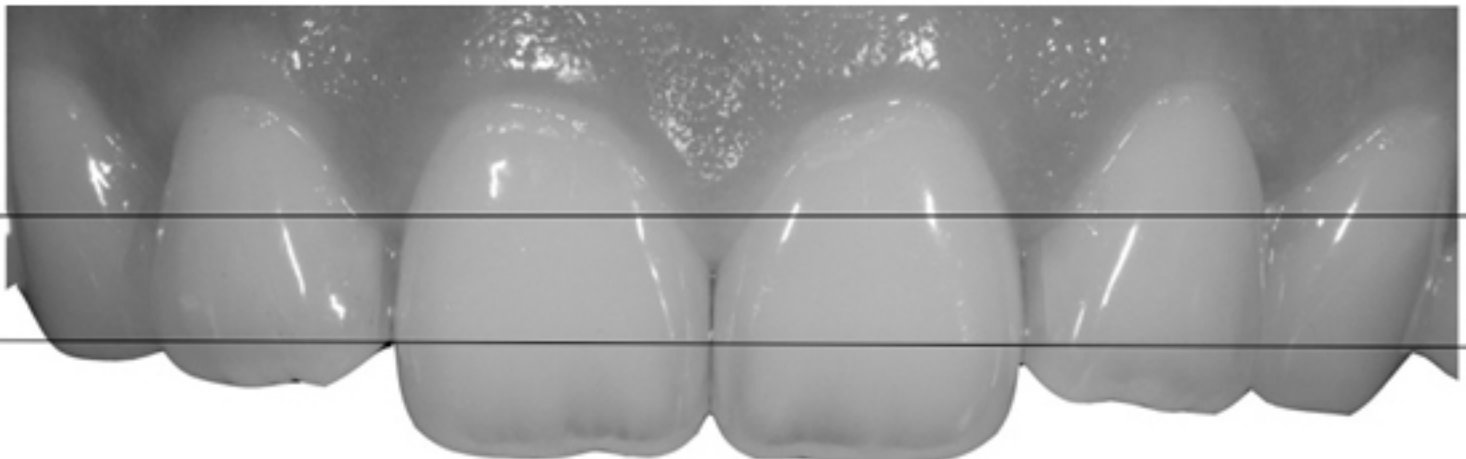
DUE DATE:

PLEASE SCHEDULE PATIENT
TWO DAYS AFTER DUE DATE

SHADE SELECTION

VALUE: HIGH ___ LOW ___

APPEARANCE: YOUTH ___ ADULT ___ MATURE ___ STUMP SHADE ___



PHOTOS REQUIRED FOR ALL ANTERIOR CASES SEE REVERSE SIDE

REQUIREMENTS TO SEND CASES CHECK LIST

1. PREOPERATIVE PHOTOS: PORTRAIT, FRONTAL AND LATERAL 1:2. PRE-OP PHOTOS HELP IDENTIFY FEATURES OF THE PATIENTS NATURAL TEETH THAT WILL BE PRESERVED OR ELIMINATED.
2. PHOTOS OF TEETH TO BE MATCHED WITH SHADE TAB (WITH THE TAB IDENTIFYING NUMBER OBVIOUS) PLACED IN THE SAME PLANE AS THE TEETH. MULTIPLE SHADE TABS PROVIDE MULTIPLE REFERENCES. OFF ANGLE PHOTOS OF TEETH TO BE MATCHED SHOW SURFACE DETAIL. IF THE FLASH IS PERPENDICULAR TO THE SURFACE OF THE TOOTH IT WILL WASH OUT SURFACE TOPOGRAPHY.
3. PREP PHOTOS WITH SHADE TABS IDENTIFY AREAS OF CONCERN FOR ALL CERAMIC RESTORATIONS. OPACITIES AND / OR LOW VALUE AREAS MUST BE ACCOUNTED FOR IN ALL CERAMIC CASES.
4. HORIZONTAL PLANE INDICATOR (STICK BITE OR OTHER) WITH STICK PARALLEL TO SAGITTAL SECTION OF THE FACE AND ATTACHABLE TO LOWER TEETH. INCLUDE PATIENTS EYES IN PHOTO OF INDICATOR.
5. FACE BOW AND PHOTO OF FACEBOW INCLUDING PATIENTS EYES.
6. PHOTOS AND CASTS OF PROVISIONALS. PORTRAIT, 1:2 FRONTAL AND LATERAL PHOTOS.
7. BITE REGISTRATIONS. IDENTIFY WHAT TYPE (CO, CR, NM).
8. IF MATCHING EXISTING RESTORATIONS PLEASE IDENTIFY EXISTING RESTORATIVE MATERIAL.
9. FINAL IMPRESSION. IF MORE THAN ONE IS SENT, IDENTIFY WHICH IS TO BE USED AND WHY THE SECOND IS INCLUDED.
11. IMPRESSION OF OPPOSING DENTITION (FINAL IMPRESSIONING MATERIAL IS MOST ACCURATE).
12. DETAILED RX

PLEASE NOTE:

-SLR DIGITAL PHOTOGRAPHY IS PREFERRED.

-PHOTOS SHOULD STILL BE ACCURATELY COMPOSED AND TAKEN ON PLANE OF OCCLUSION OF THE ARCH BEING PHOTOGRAPHED.

CASE DESCRIPTION