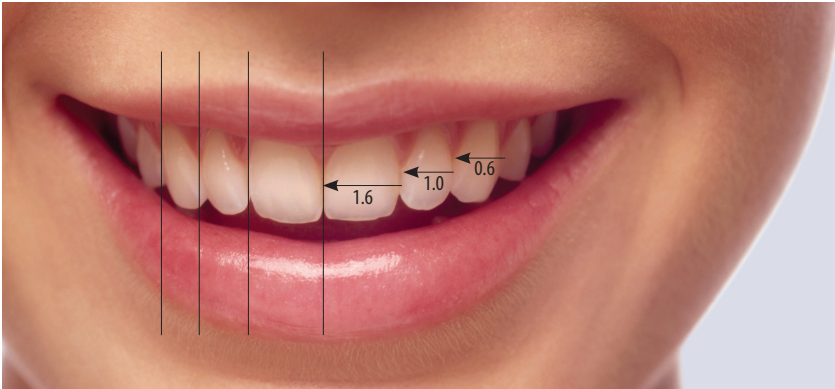


SMILE DESIGN PROTOCOL & LABORATORY INSTRUCTION

for predictability in smile design dentistry



Final Restorations

- Shade and stump shade
- Accurate impressions in material of your choice
- Bite registration (CO or CR)
 - preps to opposing dentition and provisionals to opposing dentition preferably using elastomeric materials.
- In full mouth cases, please provide prep to prep registration and prep to temps for both arches
- Facebow if relevant
- Impression of provisional with any adjustments including confirmation for go-ahead from patient
- Relevant photos of provisional as per wax up i.e Close-up, (1:2) or full face smile photos. (1:10)
- Tooth notation and type of restorations required

Photos can be in any format

LAB USE ONLY

Bin no :

Job ref :

SMILE DESIGN LABORATORY INSTRUCTIONS - FINAL RESTORATIONS

Surgeon name:

Patient name :

Age:

Prototype review date:

Delivery date:

Fit date:

CROWN MARGIN DESIGN																																	
Porcelain buccal only	<table border="1"><tr><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr><tr><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr></table> <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr></table>	8	7	6	5	4	3	2	1	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8
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SURGEON AND PATIENT REQUIREMENTS

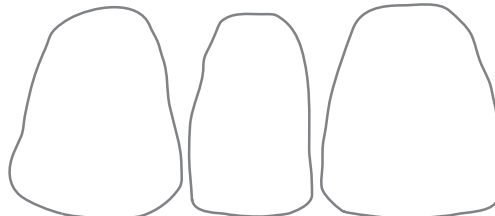
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INCISOR LENGTH (TO SOFT TISSUE ZENITH) UR 1 UL1

PHOTOS SUPPLIED
 DIGITAL / EMAIL POLAROID
 PRINTS DISC
 PONTIC RELIEF YES NO

BASIC SHADE / STUMP SHADE



Shade in Lab
 Please Tick Enclosures IMPS Disinfected

CONFIRMATION OF INSTRUCTIONS BY SURGEON
 SIGNED :

Approved for manufacture on : / /
 by : / /
 Technician : / /
 Approved by : / /

	SILICONE IMPS		ALGINATE IMPS			BITE REGISTRATION						OTHER	
	UPPER	LOWER	UPPER	LOWER	TEMP	CO	CR	PREP TO PREP	TEMP TO OPP	PREP TO OPP	STICK		FACE BOW
DOCTOR CHECKLIST													
LABORATORY CHECKLIST													

This is a custom-made device intended for exclusive use by this patient. This device conforms to the relevant essential requirements set out in Annex 1 of the Medical Devices Directive. This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use.