



Smart Designs

# Smart Designs Dental Laboratory

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(678) 221-4720

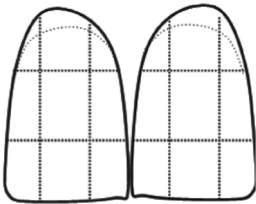
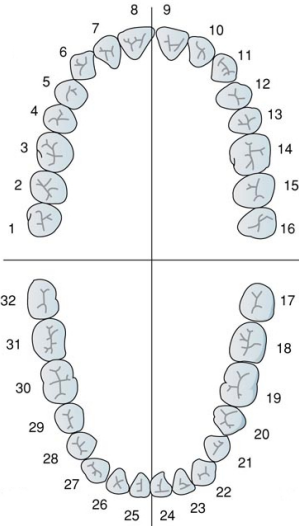
Dr. Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's Age: \_\_\_\_\_ Return Date: \_\_\_\_\_



Restoration Type	
<input type="checkbox"/> Crown	<input type="checkbox"/> Veneer
<input type="checkbox"/> Bridge	<input type="checkbox"/> Implant Crown
<input type="checkbox"/> Inlay	<input type="checkbox"/> Implant Abutment
<input type="checkbox"/> Onlay	<input type="checkbox"/> Titanium <input type="checkbox"/> Zirconia

Material	
e.Max .....	<input type="checkbox"/>
e.Max Layered Zirconia .....	<input type="checkbox"/>
Full Zirconia Crown or Bridge.....	<input type="checkbox"/>
PFM Crown or Bridge.....	<input type="checkbox"/>
<input type="checkbox"/> High Noble <input type="checkbox"/> Noble <input type="checkbox"/> Non Precious	
Full Cast Crown or Bridge.....	<input type="checkbox"/>
<input type="checkbox"/> High Noble <input type="checkbox"/> Noble <input type="checkbox"/> Non Precious	

Occlusal Staining	Final Shade	Stump Shade
<input type="checkbox"/> None <input type="checkbox"/> Medium	_____	_____
<input type="checkbox"/> Light <input type="checkbox"/> Dark	_____	_____

Appliance	
<input type="checkbox"/> Hard Nightguard Upper / Lower (circle)	<input type="checkbox"/> Athletic Mouthguard Please specify color / logo
<input type="checkbox"/> Hard/Soft Nightguard Upper / Lower (circle)	<input type="checkbox"/> Bleaching Tray Upper / Lower (circle)
<input type="checkbox"/> Essix Retainer Upper / Lower (circle)	<input type="checkbox"/> Acrylic Flipper
<input type="checkbox"/> Lingual Retainer Upper / Lower (circle)	<input type="checkbox"/> Band & Loop SM
<input type="checkbox"/> Hawley retainer	<input type="checkbox"/> 3D Printed Model

## Special Instructions

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