

SMILE-VISION

Laboratory Services

143 California St. Newton MA 02458
 Telephone 800-634-3480 Fax 617-924-8163
 E-mail info@smilevision.net
 Reg. Texas Dental lab #3302
 SC Lic.# DT.515 ; KY Lic.# L0016

Doctor _____

Patient _____ Date _____

Street _____

Phone _____ Due Date _____

City _____ State _____ Zip _____

Return UPS Gnd. 2nd day Overnight Other

Please circle the appropriate items

Items shipped with this case

Counter Model	Master Impression	Shade Tab	Bite Registration	Metal Articulator	Study Model
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Teeth to Be Restored

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

<u>Restoration Type:</u>	<i>IPS e.max Monolithic</i>	<i>IPS e.max Layered</i>	<i>IPS Empress</i>	<i>Zirconia Layered</i>	<i>Zirconia Monolithic</i>
<u>Please circle your choice(s)</u>	<i>Radica OverTemps</i>	<i>Long-Term Temps</i>	<i>Full cast</i>	<i>PFM</i>	<i>Implant Abutment</i>

Articulation: Plastic hinge Metal hinge Denar Hanau Artex Panadent Stratos Whip-Mix Sam 3

Please Return: Single units Splint Completed Frame only Bis Bake

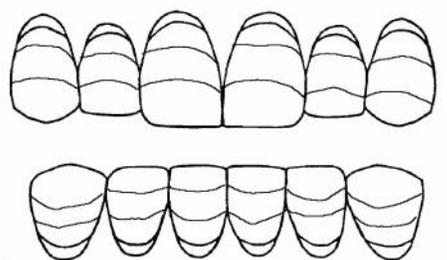
Alloys: 50% gold 88% gold We use Vita porcelain on all PFM & Zirconia cases

Templates: Wax-up Template and prep guide Prepare teeth on duplicate model Imaging date _____

Texture: Heavily defined Moderate Light Smooth

To send digital scans find Smile-Vision at:
 Itero– Smile-Vision Inc. #4592
 Cerec Connect– Smile-Vision Inc. Zip code=02458
 Trios – Enter “connect” email:
 David@digital-milling.com

Shade



Additional Instructions: ↓

License: _____ Dr. Signature _____ Date _____