

72 West Main Street
Ramsey, NJ 07446
Tel: 201-995-0995
Fax: 201-992-0996



Doctor: _____ Due Date: _____

Patient: _____ Gender: M F Age: _____ Seat Date: _____

Goals of the final case: _____

Teeth to be restored: _____

- Case Checklist: Master impression Opposing Impression or model Pre-operative models Bite registration Stick bite
 Picture of stick bite Stratos 200 face bow transfer jig Impression of provisionals
 Pictures of provisionals: Eyebrow to chin natural smile (not numb) Smile profile
 Pictures of pre-operative natural smile

Stump shade: _____

Body shade: _____

Gingival shade: _____

Incisal shade: _____

Occlusal staining: _____

Lengths:

Centrals: _____ mm

Laterals: _____ mm

Canines: _____ mm



Specific changes to be made from provisionals (midline, lengths, incisal edge, position, shapes, occlusion, etc.)

- Incisal translucency: Minimal Moderate Maximum
Shade of translucency: Clear Smoke Frosted Amber
Surface texture: High Medium Light Smooth
Surface finish High glaze Medium gloss Satin Low gloss

Signature _____

Lic. No. _____