

SMILE MAKEOVER

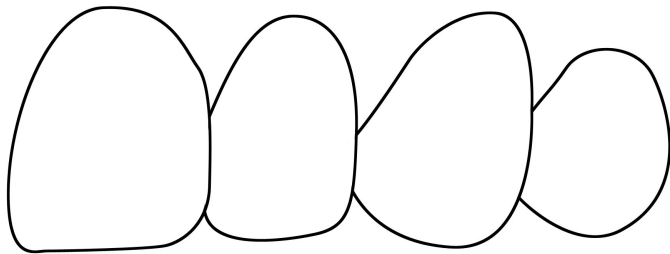
Dentist: _____

Address: _____

Telephone: _____

Patient: _____

Shade _____



Light Source Used to Take Shade

Trushade Shade Wand Natural light Surgery light

Stump Shades: _____

Shape as per:

Diagnostic Wax-Up Match Images Enclosed

Patient Approved Provisionals Smile Guide Design

Length: Centrals ___ mm Laterals ___ mm

Canines ___ mm Bicuspid ___ mm

Copy general length of incisal index of:

Mock-up Diagnostic Wax-Up Provisionals

Incisal Translucency

Minimal (0.5mm) Moderate (1.0mm) Maximum (1.5mm)

Shade of Translucency

Clear Smoke Frosted Amber

Surface Texture

High Medium Light Smooth (No surface texture)

Surface Finish

High Glaze Polished Gloss Satin Finish Low Gloss

Degree of Opacity

25% 50% 75% 100%

Notes: _____
