

Diagnostic Wax Ups

CLIENT & PATIENT INFORMATION

Dentist Name: _____ Patient Name: _____

Practice Name: _____ Appointment Date: _____

Time: _____

CASE REQUIREMENTS

PATIENT IDEAL OUTCOME

Will you be prepping any teeth? If so, please tick the type of cutback and add tooth number/s.

TEETH NUMBER/S

- No prep, just addition
- Veneer Prep
- Full Contour Cutback
- Incisal Edge Cutback

Are you opening the vertical dimensions? Yes No If so, how much _____mm

If teeth are missing, are we adding pontic? Yes No If so, tooth number _____.

If Diastema is present, would you like us to: Close Gap Keep Open

Suckdown for Temporaries Yes No

Photos including a full face photo showing teeth have been emailed to shade@jadedental.com.au Yes No

Would you like the patient to come in for a "Digital Smile Design" in our lab? Yes No

Case turnaround times are based on the date lab work is received at our lab. Please phone the lab for a delivery date.

Laboratory Use Only

Situ Scan: Yes No

_____ Sent Via _____

Additional Files: Yes No

Material Used _____

Block Out Core: Yes No
