

SMILEDENT DENTAL STUDIO

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Doctor _____ Patient _____
 Address _____ Age _____ Sex _____

City _____ St _____ Zip _____
 Date Sent: _____
 Try In Date: _____
 Finish Date: _____

Please send: RX Forms Mailing Boxes Other _____

PARTIALS AND DENTURES (Please)

CASE DESIGN

- Full Upper Partial Upper
- Full Lower Partial Lower
- Cusil Denture Jump Denture
- Other _____

FACIAL CHARACTERISTICS

- Square Dominant rt side
- Square Tapering Dominant lft side
- Tapering Diastema
- Ovoid

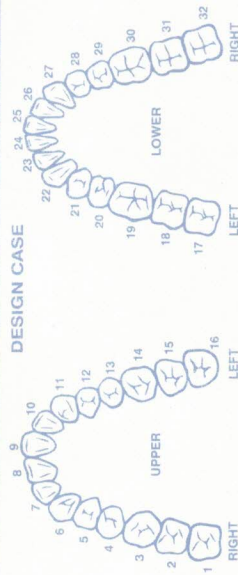
MATERIALS

- Anterior Teeth: Porc Plastic
- Shade _____ Mold _____
- Posterior Teeth: Porc Plastic
- Shade _____ Mold _____
- Economy Acrylic Cast Chrome
- Regular Acrylic Temporary
- Personalized Acrylic Flipper
- Vinyl _____ Soft liner _____

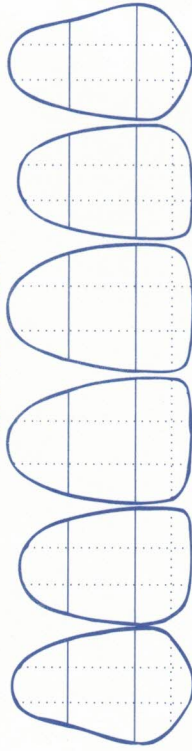
Please exclude identification

Please mark denture for ID purposes as:

ADDITIONAL INSTRUCTIONS



CHARACTERIZATION



CROWN AND BRIDGE (Please)

MATERIALS

- Porcelain to Metal All Metal
- High Noble (yellow) High Noble (yellow)
- Noble (white) Noble (yellow)
- Base - N.P. Economy (yellow)
- All Porcelain Noble (white)
- Composite Base - N.P. (yellow)
- Other _____ Base - N.P. (white)

CASE DESIGN

- Full Crown Facing None Slight
- 3/4 Crown Porc Butt Margin Medium Heavy
- Inlay Other _____
- Onlay Contact Mesial Distal
- Full Ridge Partial Ridge No Ridge Mesial Distal
- Full Ridge Point Contact No Contact Mesial Distal
- Full Ridge No Ridge Occlusal tight: Yes No
- OK to trim? Yes No

METAL DESIGN (Please)



ADDITIONAL INSTRUCTIONS

DOCTOR PLEASE RETAIN DUPLICATE COPY

Signature _____ State _____
 License Number _____

Thank You!