



"Specialists in Anterior Aesthetics"

# Esthetic Solutions

104 Kenner Avenue Nashville, TN 37205 615-891-2121  
Cellular: 615-481-2585

CASE # \_\_\_\_\_  
DELIVERY DATE \_\_\_\_\_

FOR LAB USE Weight \_\_\_\_\_ DWT \_\_\_\_\_  
Rx DATE \_\_\_\_\_

DR. NAME \_\_\_\_\_ PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ SEX  M  F AGE: \_\_\_\_\_

### TEETH NUMBERS (CIRCLE)

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

Evaluation  Die Trim  Wax-up  
 Try-in  Bisque  Finish

### SIGNATURE DIAGNOSTIC WAX UP

Diagnostic Wax Up  Aesthetic Temporaries

Soft Tissue Mask

### INSTRUCTIONS:

### SHADE CHARACTERIZATION

Shade \_\_\_\_\_  
Stump Shade \_\_\_\_\_  
OCCLUSAL STAIN  
 None  Light  Medium  Dark  
INCISAL TRANSLUCENCY  
 0.5mm  1.0mm  1.5mm  
 Other \_\_\_\_\_mm

MIDLINE SHIFT  
R \_\_\_\_\_mm L \_\_\_\_\_mm

FRAME DESIGN (PLEASE CIRCLE)

MARGIN DESIGN  
 All Porcelain-Facial Margin  
 All Porcelain Margin 360°  
 Show No Metal (Traditional PFM)  
 Show No Metal 360°  
 Metal Margin 360°

PONTIC DESIGN (PLEASE CIRCLE)

RIDGE RELIEF  Yes  No \_\_\_\_\_mm

### FOR LAB USE ONLY

MO  
DT  
WX  
MF  
OP  
PK  
GR  
GL  
PO

IF INSUFFICIENT ROOM  
 Please Call  
 Reduce/Mark on Opposing

MOLD OF CROWN DESIRED  
 Follow Study Model  
 Match Existing  
 Catalogue

OCCLUSAL CLEARANCE  
 In Occlusion  
 Out of Occlusion  
 Die Spacer on Opposing

SURFACE ANATOMY  
 Smooth  
 Textured  
 Mamelon Development  
 Match Existing

### GOAL OF FINAL CASE

Change Shape  Canine Guidance  Lengthen Teeth  
 Close Diastema  Move Midline  Group Function

### HAVE YOU INCLUDED THE FOLLOWING

Impression / Master  
 Bite  
 Opposing Model  
 Bite Stick  
 Study Model  
 Temps Model  
 Shade Tab  
 Photos-Slides  
 Face Bow  
 Articulator

TYPE OF ARTICULATOR DESIRED \_\_\_\_\_

SMILE CATALOGUE SELECTION \_\_\_\_\_

Call Me

SIGNATURE OF DENTIST \_\_\_\_\_ LICENSE # \_\_\_\_\_

# **FIVE YEAR LIMITED GUARANTEE**

The enclosed Fixed Appliance is guaranteed against defects in workmanship and materials for a period of Five (5) Years from the insertion date.

## **-WHAT IS COVERED-**

1. Repair or replacement of appliance.

## **-WHAT IS NOT COVERED-**

1. Cash refund for prosthesis.
2. Cost incurred for removal or reinsertion.
3. Repairs resulting from accident, neglect, abuse, failure of supportive tooth or tissue structures, improper adjustments or improper dental hygiene.
4. Incidental or consequential damages, including inconvenience, lost wages or pain and suffering.
5. Chipped or fractured teeth.
6. All Ceramic Bridges.

## **-CONDITIONS WHICH MUST BE MET- FOR GUARANTEE TO APPLY:**

1. Prosthesis must be inserted by a licensed practicing dentist.
2. Patient must adhere to a semi-annual dental maintenance (cleaning and exam) program in the office of a licensed practicing dentist.
3. The maintenance schedule on this Certificate must be documented by the attending dentist each visit to validate the Guarantee.
4. Full and partial dentures must be relined as recommended by the attending dentist or by Esthetic Solutions, Inc. Laboratory.
5. Within the limitations of this Guarantee, the prosthesis, written work authorization and the Guarantee Card must be shipped together to Esthetic Solutions Inc. Laboratory.