

Male Female Patient ID _____

Professional _____

Center no. _____

Treatment plan _____

IMPORTANT:

Call _____

See _____

See back

Photos

New

Touch-up

DATE REQUIRED

| d | d | m | m | y | y |

S M T W T F S

STEPS

Articulated Re-articulated Kois Face-Bow

Metal trial Trial Re-trial Fitting Soft liner

Mould _____

Colour _____

Base plate

U L Vacuum BP

Triad BP

Wax BP

Wax bead

With bar and clip

Custom impression tray (CIT)

U L Alginate CIT

conical implant CIT

square implant CIT

medium light (rubber) CIT

pick-up CIT

Whitening matrix

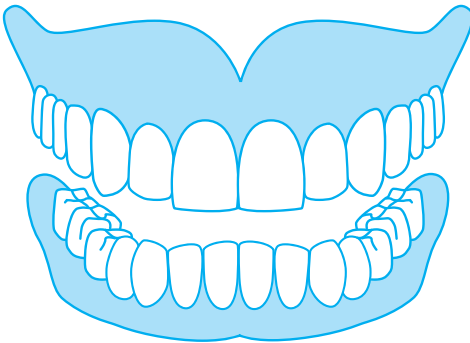
Holes

none	a few	many
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

specifications: _____

ESTHETIC FILE

Centre Line Plan



Measurements

Vertical dimension _____ mm

Incisor guide _____ degrees

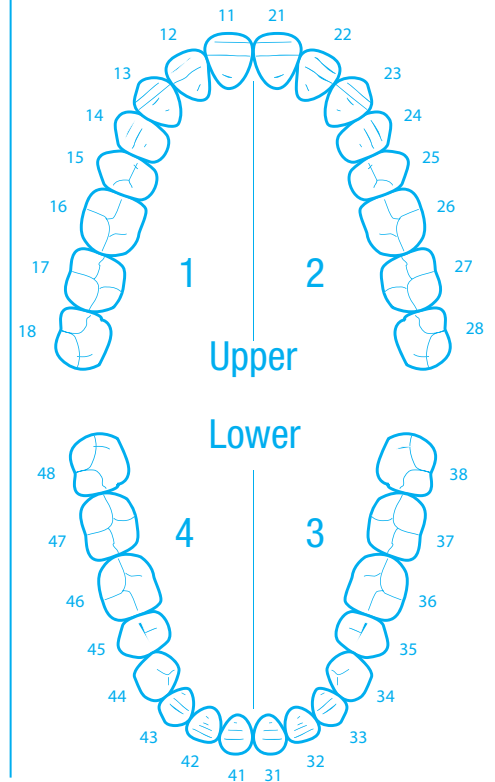
Alignment _____ mm

Condylar guide Right _____ degrees

Condylar guide Left _____ degrees

Height of incisor tip _____ mm

Anteroposterior _____ mm



Notes _____

CHECKLIST BEFORE SENDING

Impression

Antagonist

Bite

Photos

Mock-up