

Practice Dentist Patient name Shade
Address Tel Age Male ☐ Female ☐

Case type

Enclosed

Digital Waxup ☐
Smile Design ☐

U L
Impression ☐ ☐
Scan ☐ ☐
Photos ☐ ☐

Stage

Date required

1st Mockup (Try-in) ☐

Include

Whitening tray ☐

2nd Mockup (Re-try) ☐

Clear stents (Finish) ☐

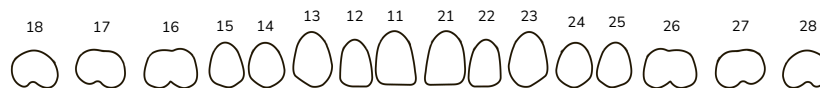
Include

Stent covering all teeth ☐
Stent covering alternating teeth ☐
Dual Laminate (Nightguard) ☐

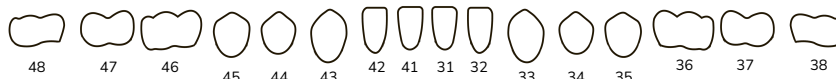
Remake ☐

(Delivery be arranged at least one day prior to the patient's appointment.)

Design & Instructions



(Please select the teeth from the chart.)



Aggressive ☐

Dominant ☐

Softened ☐



Focused ☐

Mature ☐

Enhanced ☐



Natural ☐

Oval ☐

Vigorous ☐



Youthful ☐

Hollywood ☐

Functional ☐

Case instructions:

(If no instructions are provided, we will choose what we believe to be the most suitable design.)