



# Aesthetic Oral Arts

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## EXTREME AESTHETICS

Date: \_\_\_\_\_ Due Date: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ License #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Gender:  Male  Female Age: \_\_\_\_\_

**Goal of the Final Case:**  Close Diastema  Lengthen Teeth  Change Shape  Widen Buccal Corridor  Feminine Smile  "Youthful" Smile  Move Midline

Other: \_\_\_\_\_

**Items Included with Case:**  Master Impression (Qty.\_\_\_\_)  Opposing Impression or Model  
 Pre-operative Models  Diagnostic Wax-up  Stick Bite Registration  Bite Registration without Stick  Facebow Transfer Jig (Manufacturer \_\_\_\_\_)

Model or Impression of Provisionals  Matrix for determining buccal-lingual of centrals

Photos (Qty.\_\_\_\_)  Slides (Qty.\_\_\_\_)

Other: \_\_\_\_\_

### **Teeth to be restored:**

\_\_\_\_\_

**Type of Restoration:**  Feldspathic  Pressed Ceramic e.max  Milled Ceramic  Lab processed Resin  Full Contour Zirconia  Porcelain Fused to Zirconia  PFM

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Shade & Photos of Preparation:**

Tooth # and stump shade: \_\_\_\_\_

Tooth # and stump shade: \_\_\_\_\_

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Tooth # and stump shade: \_\_\_\_\_

Shade Details: \_\_\_\_\_

Shade (see below)      Body Shade: \_\_\_\_\_ Gingival Shade: \_\_\_\_\_

                                 Incisal Shade: \_\_\_\_\_ Occlusal Staining: \_\_\_\_\_

**Shade Description:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Light Source Used:**  Operatory Fluorescent  Shade Wand  Esthelite

Natural Sunlight  OTT Light

Light Details: \_\_\_\_\_

**Shape:**  Smile Design Handbook \_\_\_\_\_  Smile Guide Design # \_\_\_\_\_

Match Photographs Included \_\_\_\_\_  Smile Catalog Design \_\_\_\_\_

**Length:**

Centrals \_\_\_\_\_ mm

Special Length Instructions: \_\_\_\_\_

Laterals \_\_\_\_\_ mm

\_\_\_\_\_

Canines \_\_\_\_\_ mm

\_\_\_\_\_

**Incisal Translucency:**  Minimal (0.5mm)  Moderate (1.0mm)  Maximum (1.5mm)

**Shade of Translucency:**  Clear  Smoke  Frosted  Amber

**Surface Texture:**  High  Medium  Light  Smooth (No surface texture)

**Surface Finish:**  High Glaze  Polished Gloss  Satin Finish  Low Gloss

**Miscellaneous Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Doctor's Signature & Date:** \_\_\_\_\_