



DenMat Lab

Acct # 232630

Den-Mat® Holdings, LLC
2727 Skyway Drive, Santa Maria, CA 93455
1-800-872-8384 www.denmat.com/snaponsmile

FOR STUDIO USE ONLY

DATE RECEIVED #: _____ PAN #: _____

OPEN INITIALS: _____

INCOMING NOTES: _____

ORIGINAL ORDER #: _____

REMAKE/REPAIR REASON CODE: _____

STAGE: _____

CUSTOMER #: _____

O/E INT: _____

NEW ORDER #: _____

STAGE: _____

Patient Name _____ Male Female Age _____

Standard Time Express Rush \$100 fee

CUSTOMER ACCOUNT NUMBER _____

SNAP-ON SMILE DENTIST LOCATOR MEMBER? YES NO

CUSTOMER NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

DR.'S LICENSE NUMBER _____ SIGNATURE _____

Expertec DNTL Laboratory 734-641-9999 or
200 N. Wayne Rd. 734-405-2344
Westland, MI 48185 info@expertecdental.com

Section 1: Appliance Type

(Please check one of the boxes below)

- Snap-On Smile (6 units or more)
- Snap-It! (5 units or less)

Section 2: Appliance Instructions*

1. Shade: _____

2. Occlusal Holes (Please check "Yes" or "No"):

- Yes
- No Holes/Increase of Vertical Dimension VDO

If no holes (Please check 1 box below):

- Minimum 0.5 mm
- 1 mm
- 2 mm
- _____ mm

3. Pontic Design:



- Hygienic Full Ridge Ovate _____ mm

4. Additional Instructions**

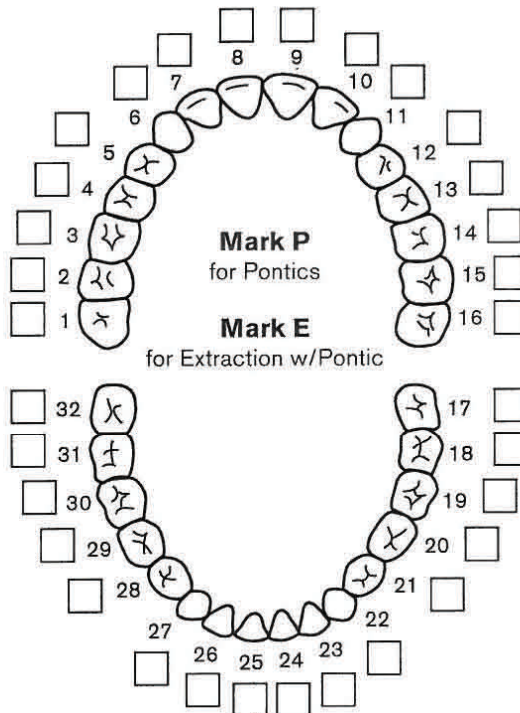
(Tooth Chart supersedes conflicting instructions):

If additional space is needed for **Special Instructions, please include on back.

Section 3: Appliance Design*

Uppers: Tooth # _____ to Tooth # _____

Lowers: Tooth # _____ to Tooth # _____



Impression Requirement Check List

All boxes **MUST** be checked "YES" to complete your order.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Did you use a PVS material? If NO, did you include a model poured with a high quality die stone? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you use full arch impression trays? Triple Trays cannot be used | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you take a bite registration? Wax bites cannot be used | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are ALL teeth to be fabricated included in impression? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you reviewed the gingival margins of all teeth to ensure there are no pulls? Check for any distortion. | <input type="checkbox"/> | <input type="checkbox"/> |

Case Enclosures

- Full Arch Impression Optional
- Bite Registration Patient Photograph
- Opposing Full Arch Model/Impression Articulator Other