

2727 Skyway Drive, Santa Maria, CA 93455  
 1-800-872-8384 www.denmat.com/snaponsmile



PLEASE NOTE: By submitting this Rx, I agree to terms and conditions on reverse side.

DR'S SIGNATURE: \_\_\_\_\_  
 DR'S LICENSE NUMBER: \_\_\_\_\_  
 PRE-ARRANGED:  YES  NO  
 IF YES, ORDER NUMBER: \_\_\_\_\_

**FOR STUDIO USE ONLY**

DATE RECEIVED #: \_\_\_\_\_ PAN #: \_\_\_\_\_  
 OPEN INITIALS: \_\_\_\_\_  
 INCOMING QC NOTES: \_\_\_\_\_  
 ORIGINAL ORDER #: \_\_\_\_\_  
 REMAKE/REPAIR REASON CODE: \_\_\_\_\_  
 STAGE: \_\_\_\_\_  
 REMAKE REASON: \_\_\_\_\_  
 CUSTOMER #: \_\_\_\_\_  
 O/E INT: \_\_\_\_\_  
 NEW ORDER #: \_\_\_\_\_  
 STAGE: \_\_\_\_\_

232630 EXPERTEC DNTL LABORATORY  
 CUSTOMER NUMBER  
 Doctor Name: \_\_\_\_\_  
 SHIPPING ADDRESS  
 LARRY KUNZE  
 \_\_\_\_\_  
 200 N WAYNE RD  
 WESTLAND, MI 48185-3626 7346419999 or 734-405-2344  
 CITY/STATE/ZIP PHONE  
 info@expertecdenal.com  
 FAX EMAIL

PATIENT NAME \_\_\_\_\_  
 5-Day Express\*  (\$100) \*  
 - Shades B1, A1, B2, A2, A3 & A3.5  
 - Single Arch ONLY  
 \* Not all cases are subject to 5-Day Express. Call David for More Details  
 14-Day Standard\*\* 1 Arch  2 Arches   
 \*\*Allow 14 Working Days from Case Acceptance.  
 \*\*\* All return dates are based on the final acceptance and approval of DenMat

**A. CASE TYPE**

Snap-On Smile Full Arch (6 units or more)  
 Snap-It! Quadrant (5 units or less)  
 Snap-On Smile remake  
 Snap-It! remake

**B. PATIENT TREATMENT MODALITY**

Please check all that apply

Cosmetic Removable Partial Denture  
 Cosmetic Smile Enhancement  
 Implant Temporary Restoration

**C. CASE DESIGN**

Please use diagram below for case design and mark off extractions / pontics

**F. PONTIC DESIGN**

Hygienic  Full Ridge  Ovate \_\_\_\_\_ mm

**E. CASE DESCRIPTION**

Please fill in all that apply

1a. Upper  
 1b. Tooth # \_\_\_\_\_ to Tooth # \_\_\_\_\_  
 2a. Lower  
 2b. Tooth # \_\_\_\_\_ to Tooth # \_\_\_\_\_  
 3. List teeth to be extracted (if applicable) \_\_\_\_\_  
 4. List pontics to be replaced (if applicable) \_\_\_\_\_  
 5. Raise gingival margins on Teeth #'s \_\_\_\_\_ mm  
 6. Increase incisal length \_\_\_\_\_ mm  
 7. Raising vertical dimension (as a standard when raising vertical dimension, there is full occlusal coverage)  
 a. Raise posterior \_\_\_\_\_ mm  
 b. Raise anterior \_\_\_\_\_ mm  
 8. Occlusal holes (leave occlusal surface open to maintain vertical dimension)  
 Upper  Lower  Both  None  
 9. Lingual windows on anterior teeth (uppers only)

**F. SHAPE**

Incisal  
 Rounded  Square  Square-Round

Canine  
 Rounded  Square  Pointed

**G. SHADE (See reverse side for available shades)**

Specify shade guide \_\_\_\_\_ Number \_\_\_\_\_  
 Specified desired shade \_\_\_\_\_  
 Shade changes from original are not covered by warranty.  
 See reverse side for available shades.

**H. 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 paired 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 margin of all teeth to ensure there are no pulls? Check for any distortion.	<input type="checkbox"/>	<input type="checkbox"/>

**I. CASE ENCLOSURES**

Full Arch  OPTIONAL  
 Polyvinyl/Polyether Impression  Patient Photograph  
 Bite Registration  Articulator  
 Opposing Full Arch Model/Impression  Other

SOS Web Dentist Locator Doctor # \_\_\_\_\_