



SMILEMAKEOVER *Solutions*

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Doctor/Practice Information

Practice Name	
Doctor's Name	
Doctor's Address	

Date Due	Lab Use Only	
	Case #	
	Notice Sent	Ship Date

Case Requirements

Shade Guide	Core Shade	Basic Shade
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Specific Restorative Materials

ALL-CERAMIC	PORCELAIN-TO-METAL	OTHER MATERIALS
<input type="checkbox"/> IPS e.max® <input type="checkbox"/> Celra Duo™ <input type="checkbox"/> Zirconia <input type="checkbox"/> 3M Lava™ <input type="checkbox"/> IPS empress	<input type="checkbox"/> High Noble (yellow) <input type="checkbox"/> Semi-Precious (white) <input type="checkbox"/> Captek™ GOLD CROWNS <input type="checkbox"/> High Noble (yellow) 55% <input type="checkbox"/> Noble (yellow) 2%	<input type="checkbox"/> Sports Guard <input type="checkbox"/> Retainer: Upper / Lower <input type="checkbox"/> Nightguard <input type="checkbox"/> Hard <input type="checkbox"/> Soft <input type="checkbox"/> Comfort Hard / Soft <input type="checkbox"/> Bleaching Tray

RX Specific Instructions

Patient Information

Patient First Name		Last Name	
<input type="checkbox"/> Male	Age	Date Sent	Date Due
<input type="checkbox"/> Female			

Signature	
D.D.S License #	