

Dentist \_\_\_\_\_ Practice Name \_\_\_\_\_

Practice Address \_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Tel \_\_\_\_\_ Email \_\_\_\_\_

Patient ID \_\_\_\_\_ Date \_\_\_\_\_

BATCH # (Office only)

Patient ID - If patient name is listed here, please ensure you have written patient consent.

New Case  Continuation/Remake Account Number      Work Required by   Day   Month

**SELECT PREFERRED SMILE TYPE**

Aggressive



Dominant



Enhanced



Focused



Functional



Hollywood



Mature



Natural



Oval



Softened



Vigorous



Youthful



Turnaround time: **12 working days**  
(confirmed on receipt of order)

Teeth to wax-up \_\_\_\_\_

Existing tooth shade \_\_\_\_\_

Shade intended \_\_\_\_\_

Please allow wax-up thickness of up to 1.5mm for composite injection.

Please indicate your requirements:

Trim back model by \_\_\_\_\_ mm  
(If you plan to build the teeth out buccally less than 1.5mm, please specify how much)

No adjustment to the model  
(if require the teeth to be more buccally placed than pre-op position)

**MATERIAL ENCLOSED**

Please tick

	DR	SCD
Upper Impression	<input type="checkbox"/>	<input type="checkbox"/>
Lower Impression	<input type="checkbox"/>	<input type="checkbox"/>
Upper Model	<input type="checkbox"/>	<input type="checkbox"/>
Lower Model	<input type="checkbox"/>	<input type="checkbox"/>
Bite Registration	<input type="checkbox"/>	<input type="checkbox"/>
Images to be emailed	<input type="checkbox"/>	<input type="checkbox"/>

All items sent to SCD must be decontaminated according to Dental Council of New Zealand for infection control.

**ADDITIONAL INSTRUCTIONS**

**PROMO CODE**