

AF DENTAL SMILE LLC

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INFORMATION

Doctor Name _____
Practice name _____
Address _____
Phone _____
Patient name _____
Patient # _____ M _____ F
Rx Date _____ Due Date _____
Case turnaround time 8-10 business days.

CASE INSTRUCTIONS

Please circle single unites and BRACKET splinted units.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

MODEL TYPE	QUALITY	RETURN FOR
<input type="checkbox"/> IOS Case	<input type="checkbox"/> Premium	<input type="checkbox"/> Try-in
<input type="checkbox"/> Stone Model	<input type="checkbox"/> Signature	<input type="checkbox"/> Finish
<input type="checkbox"/> Printed Model	Photo required	

RESTORATION

- Crown
- Bridge
- Vineer

- Inlay/Onlay

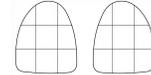
- All-on-X
- Case Planning + Surg. Guide + PMMA
- Digital Smile Design

UNITE TYPE

- Single units
- Splinted units
- Total units _____

CROWN DESIGN

Anterior Characterization: _____
Posterior Characterization: _____
Tooth shade _____ Shade Guide used _____
Stump shade _____



MATERIAL

- FCZ-Premium (Full Contour Zirconia)
- PFZ (Porcelain fused to Zirconia)
- SHOFU Hybrid Ceramic
- PMMA
- PFM (Non-precious)

If Insufficient Room

- Trim opposing
- Adjust Prep
- Call to Discuss

Occlusal Contact

- Light
- Open
- Tight

Interproximal Contact

- Light
- Medium
- Heavy

PONTIC DESIGN

- Ovate
- Bullet
- Sanitary
- Other

FIXATION TYPE

- Screw-Retained
- Cement-Retained

ABUTMENT OPTIONS

- Ti Base (OME)
- Hybrid Zirconia on Ti-Base
- DESS - Ti-Base

IMPLANT DETAILS

Implant brand: _____
System: _____
Platform: _____
Connection type
 Internal Hex
 Conical
 External Hex
 Tri-lobe
 Other
Diameter _____ mm
Length _____ mm
ScanBuddy Brand: _____
ScanBuddy Reference Code: _____

RX SPECIFIC INSTRUCTIONS

Choose from below:
1. Upload your digital files, attach to 3 Shape communicate portal at AF Dental Smile.
2. iTERO ID 624663
3. Email: afdentalsmile@gmail.com
4. Telegram via app (Tel. (412)6161515)

Dentist Signature**

(REQUIRED BY LAW)

Dentist License No.

**The person signing this form is an authorized signer and, along with the dental practice, accepts responsibility for payment of all related charges, as well as any legal costs, collection and other fees incurred by AF Dental Smile LLC in the event the account is sent to collections or litigation.