



**WESTLUND**  
DENTAL STUDIO

7535 Office Ridge Circle – Eden Prairie, MN 55344  
800-728-9641 – 952-942-9464 – Fax 952-942-9531  
www.westlunddental.com – info@westlunddental.com

Dr Name \_\_\_\_\_  
Practice Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/St/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Dr. Signature \_\_\_\_\_  
License # \_\_\_\_\_

# Aesthetic Prescription

Name of Patient: \_\_\_\_\_ Gender:  M  F Age \_\_\_\_\_

Date Sent: \_\_\_\_\_ Due Date: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

### Type of Restoration Desired

- \_\_\_\_\_ Empress Crown/Veneer
- \_\_\_\_\_ Empress Inlay/Onlay
- \_\_\_\_\_ Porcelain to Zirconia Single
- \_\_\_\_\_ Porcelain to Zirconia Bridge
- \_\_\_\_\_ Noritake
- \_\_\_\_\_ E.Max
- \_\_\_\_\_ Diagnostic Wax-up
- \_\_\_\_\_ Night Guard
- \_\_\_\_\_ Other \_\_\_\_\_

- \_\_\_\_\_ Porcelain Bonded to Metal – Single Units
- \_\_\_\_\_ Porcelain Bonded to Metal – Bridge Units
- \_\_\_\_\_ Cast Gold Crown



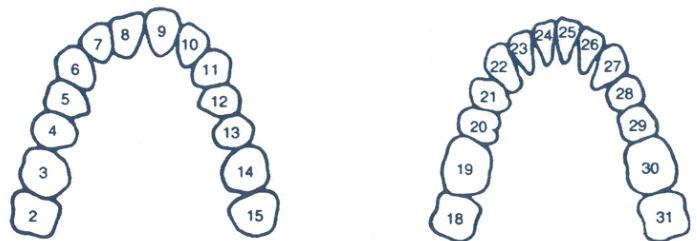
- \_\_\_\_\_ Porcelain Butt Shoulders
- METAL SELECTION
- \_\_\_\_\_ High Noble – White - Lodestar
- \_\_\_\_\_ High Noble – Yellow - Aquarius Extra Hard
- \_\_\_\_\_ 77% Type III – Cast Gold - JRVT
- \_\_\_\_\_ 52% Type III – Cast Gold – CB55

### Goal of Final Case

- Close Diastema
- Change Shape
- Widen Buccal Corridor
- “Youthenize” Smile
- Replace Existing PFM
- Other \_\_\_\_\_
- Lengthen Teeth
- Change Shade
- Feminize Smile
- Move Midline

### Teeth to Be Restored

#'s \_\_\_\_\_



### Items Included With Case

- \_\_\_\_\_ Working Model
- \_\_\_\_\_ Opposing Model
- \_\_\_\_\_ Solid Model
- \_\_\_\_\_ Pre-op Model/Impression
- \_\_\_\_\_ Temp Model/Impression
- \_\_\_\_\_ Diagnostic Wax-up
- \_\_\_\_\_ Full Impression
- \_\_\_\_\_ Quadrant Impression
- \_\_\_\_\_ Triple Tray
- \_\_\_\_\_ Bite
- \_\_\_\_\_ Stick Bite
- \_\_\_\_\_ Face Bow Bite
- \_\_\_\_\_ Shade Blade
- \_\_\_\_\_ Photos/Slides/Film
- \_\_\_\_\_ Base Plate
- \_\_\_\_\_ Articulator
- \_\_\_\_\_ Model \_\_\_\_\_
- \_\_\_\_\_ Ser# \_\_\_\_\_

Shade of Preparation: Stumpf shade teeth #'s \_\_\_\_\_ ST \_\_\_\_\_

Details: \_\_\_\_\_

Shade (See Below): Body Shade \_\_\_\_\_ Gingival Shade \_\_\_\_\_ Occlusal Staining \_\_\_\_\_



Length: Central # 8 - \_\_\_\_\_ mm # 9 - \_\_\_\_\_ mm Laterals \_\_\_\_\_ mm less than centrals

Any special length instructions: \_\_\_\_\_

Overjet:  1.0 mm  2.0 mm  3.0 mm  4.0 mm  \_\_\_\_\_ mm

Shape:  Match Photographs Included \_\_\_\_\_  
 Smile Catalog Design \_\_\_\_\_  
 Match Provisional(s) with your added artistry \_\_\_\_\_  
 Match Provisional(s) Exactly \_\_\_\_\_  
 Other \_\_\_\_\_

Incisal Translucency:  Minimal (0.5 mm)  Moderate (1.0 mm)  Maximum (1.5 mm)

Incisal Edge:  Flat  Characteristics  Mamelon Developments

Shade of Incisal Translucency:  Clear  Smoke  Frosted  Amber

Surface Texture:  High  Medium  Light  Smooth (No surface texture)

Surface Finish:  High Glaze  Polished Gloss  Satin Finish  Low Gloss

Instructions:

- Provide reduction coping if necessary to improve aesthetics or function
- Reduce opposing if necessary to improve aesthetics or function
- If not enough room, call me