



RITE SMILE™
 DENTAL LABORATORY NETWORK
 PCDL™ IPRO™

TODAY'S DATE: _____ **DUE DATE:** _____

DR/OFFICE NAME: _____

PATIENT'S NAME: _____



PREFERENCES:

- CONTACT:** LIGHT MEDIUM HEAVY
TRANSLUCENCY: LIGHT MEDIUM HEAVY
OCCLUSAL STAINS: LIGHT MEDIUM HEAVY
MARGINS: STANDARD METAL PORCELAIN DISAPPEARING



IF NOT ENOUGH OCCLUSAL CLEARANCE:

- NOIFY DOCTOR ADJUST TOOTH & MAKE REDUCTION COPING
 MAKE METAL OCCLUSION ADJUST OPPOSING & MARK

FOR BETTER RESULTS:

Take & Submit Photos to
 info@ritesmiledentallab.com

SINGLE **BRIDGE**

MALE **FEMALE**

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

SPECIAL INSTRUCTIONS:

Dr's Signature: _____ **License #:** _____

GREAT SMILES DELIVERED TODAY