

CASE #

[Empty box for Case #]



SMILES DENTAL STUDIOS, LLC
DIGITAL SOLUTIONS

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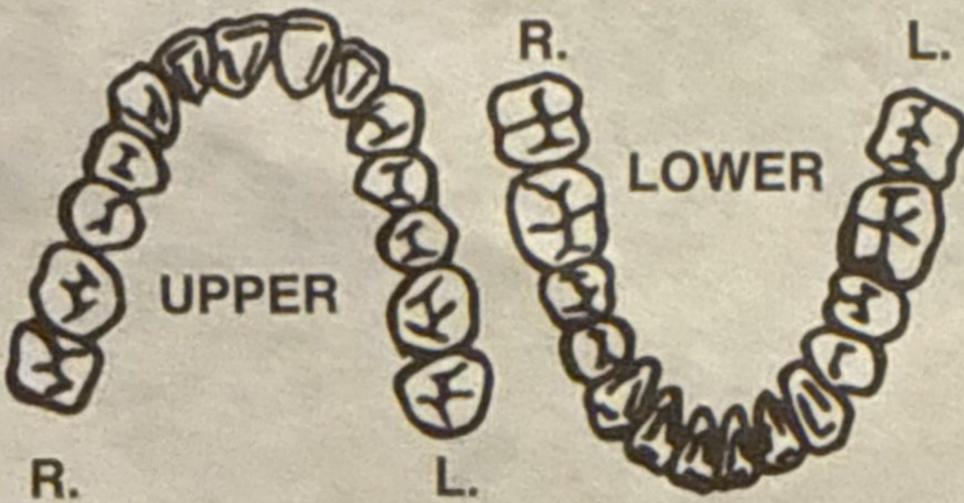
TRY-IN DATE & TIME

FINISH DATE & TIME

DOCTOR:

PATIENT:

Design Case Here



SHADE:

IF case has a root tip, will it be:

- Extracted
- Used for over denture?

Please take alginate pick up impression when relining partials after rubber base impression.

SPECIFIC RESTORATION DESCRIPTION

DOCTOR'S SIGNATURE _____

LICENSE # _____