

Smile Design Checklist

(10 Units or Less)

Dentist: _____

Patient: _____

Date: _____

- Master Impression of Full Arch with Clear Hammular notches Analog / Digital
- Lower Impression or Original Model
(If No Adjustments Made)
- Diagnostic Waxup or Temp Model with Mounting Plates
- Stick Bite
- Numbers of Teeth and Product
- Length of Centrals
- Prepared Tooth Shade
- Shade of Final Restorations
- Smile Design
- Digital Patient Photos



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