



Lab Use	Due Date	Date
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Doctor: _____ Office: _____
 Patient: _____ Male Female Age: _____

Digital Smile Design Script

Patients Goals

- Full Coverage # _____
- Veneer # _____

Include with DSD:

- 3D Model Vacuform
- Putty Stent USB

Photos

- At I.G. Lab Dental Office Sending

Specifics:

- Change Length of teeth
- Change Gingival Height
- Open Vertical
- Widen Buccal Corridor
- Move Midline
- Any Extractions

Email Digital Smile Design to:

Doctor: _____
 Team: _____
 Patient: _____

Special Instructions

Dr. Signature	License #
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