



**Mascola Esthetics**  
 6246 Ingram Rd San Antonio, Texas  
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 www.mascolaesthetics.com

<b>DR. NAME</b>	<b>PHONE ( )</b>
<b>Rx DATE</b>	<b>DELIVERY DATE</b>
<b>PATIENT NAME</b>	<b>AGE: _____ SEX <input type="checkbox"/> M <input type="checkbox"/> F</b>
	<b>SKIN TONE: _____</b>
	<b>EYE COLOR: _____ HAIR COLOR: _____</b>

**TEETH NUMBERS (CIRCLE)**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Die Trim	<input type="checkbox"/> Consult
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17	<input type="checkbox"/> Try-in	<input type="checkbox"/> Bisque	<input type="checkbox"/> Finish

**PROVISIONAL WAX UP**

Diagnostic Wax-up  Aesthetic Temporaries  Putty Matrix  Soft Tissue Mask

**FACE SHAPE**

Square  Tapering  Ovoid  Rectangular

**INSTRUCTIONS:**

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**Goal of final case:**

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**Call Me**

SHADE CHARACTERIZATION		
<b>BODY COLOR</b>	<b>INCISAL TRANSLUCENCY</b>	
SHADE _____ STUMP SHADES _____	<input type="checkbox"/> 0.5mm <input type="checkbox"/> 1.0mm <input type="checkbox"/> 1.5mm <input type="checkbox"/> Other _____ mm	
<b>MIDLINE SHIFT</b>	<b>MIDLINE SHIFT</b>	<b>LENGTH OF #8</b> <b>LENGTH OF #9</b>
← R mm _____	_____ mm L →	_____
<b>TYPE OF ARTICULATOR</b>		<b>SMILE CATALOGUE SELECTION</b>
_____		_____
<b>PONTIC AND MARGIN DESIGN</b>	<b>SURFACE ANATOMY</b>	<b>CASE INCLUDES</b>
<input type="checkbox"/> All Ceramic Butt Margin <input type="checkbox"/> No Metal Showing <input type="checkbox"/> Ovate Pontic <input type="checkbox"/> Facial Ridgelap Pontic <input type="checkbox"/> Full Ridgelap Pontic	<input type="checkbox"/> Smooth <input type="checkbox"/> Textured Lightly <input type="checkbox"/> Match Existing <input type="checkbox"/> Catalogue <input type="checkbox"/> Custom	<input type="checkbox"/> Impressions <input type="checkbox"/> Pre-op Model <input type="checkbox"/> Opposing Model <input type="checkbox"/> Bite <input type="checkbox"/> Stick Bite <input type="checkbox"/> Model of Temps <input type="checkbox"/> Stump Shade <input type="checkbox"/> Photos <input type="checkbox"/> Digital Photos <input type="checkbox"/> Articulator <input type="checkbox"/> Face Bow <input type="checkbox"/> Shade Tab
<b>STYLE OF CROWN DESIRED</b>		
<input type="checkbox"/> Custom <input type="checkbox"/> Match Existing - Natural <input type="checkbox"/> Catalogue <input type="checkbox"/> Photo <input type="checkbox"/> Neuromuscular <input type="checkbox"/> Canine Guidance <input type="checkbox"/> Group Function <input type="checkbox"/> Close Diastema <input type="checkbox"/> Open Bite _____ <input type="checkbox"/> Lengthen Teeth		
<b>IF INSUFFICIENT ROOM</b>		
<input type="checkbox"/> Please Call <input type="checkbox"/> Reduce/Mark on Opposing <input type="checkbox"/> Reduction Coping		
<b>SPECIAL NOTES:</b>		

**SIGNATURE OF DENTIST** \_\_\_\_\_ **LICENSE#** \_\_\_\_\_

Person signing this authorization accepts sole responsibility for payment, and agrees to pay all legal and collections costs in the event of suit, including reasonable fees and finance costs. Invoices not paid within 30 days of statement are subject to a service charge 1 1/2 percent per month. Cost collection will be paid by the customer. Accounts with balances over 60 days are subject to being placed on C.O.D. basis. This contract performable in Bexar County, TX. In the event of a dispute, the parties agree that the venue be Bexar County.

