

# DeVreugd Dental Laboratory

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Dr. \_\_\_\_\_

Date Received: \_\_\_\_\_

Pt. \_\_\_\_\_

Date Requested: \_\_\_\_\_

## *Rx: Treatment Plan Wax-Up:*

<input type="checkbox"/> Prep Teeth	<input type="checkbox"/> Tooth Colored Wax	<input type="checkbox"/> Crown & Bridge Wax	<input type="checkbox"/> Implants	<input type="checkbox"/> Silicone Impression and Model	<input type="checkbox"/> Fabricate Provisionals
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### Included:

<input type="checkbox"/> Impression	<input type="checkbox"/> Master Models	<input type="checkbox"/> Photo/Slide CD	<input type="checkbox"/> Bite: Centric <input type="checkbox"/> Bite: Protrusive	<input type="checkbox"/> Articulator	<input type="checkbox"/> Articulator Setting	<input type="checkbox"/> Other
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### Instructions:

Draw Shade Map on Teeth Below



<b>Shade:</b>	<b>Texture:</b>
<b>Base Value:</b> _____	<input type="checkbox"/> <b>Smooth</b>
<b>Base Chroma:</b> _____	<input type="checkbox"/> <b>Polished</b>
	<input type="checkbox"/> <b>Textured</b>

Signature: \_\_\_\_\_ Lic. #: \_\_\_\_\_