

# Aesthetic Pro Smile Design Process



A Comprehensive Guide for  
Aesthetic Pro Smile Design Cases

# Check List

## A. What to send to the laboratory

1. Study Models
2. Facebow Transfer
3. Master Impression
4. Bite Registration
5. Initial Treatment Planning Photos



## B. What you will receive from us

*For Smile Design units*

1. Diagnostic Wax-up
2. PMMA Temporaries
3. Reduction Guide (if needed)
4. Putty Matrix
5. Transfer Bite Registration

## C. What to send to the laboratory for final restorations

1. Final Impression
2. Bite Registration
3. Impression of Provisionals if Modified
4. Transfer Bite Registration
5. Every Model Cast or Impression



# Smile Templates

The corresponding Smile Template Letter can be written on the blank line under the Smile Template section on the Aesthetic Pro Smile Design Rx.



A. Aggressive



B. Dominant



C. Enhanced



D. Focused



E. Functional



F. Hollywood



G. Mature



H. Natural



I. Oval



J. Softened



K. Vigorous



L. Youthful

Doctor Name \_\_\_\_\_ Patient Name \_\_\_\_\_

Office/Address \_\_\_\_\_ Patient Appt. Date & Time \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Phone # \_\_\_\_\_

**Product**

- Diagnostic Wax-Up Only
- PMMA Temporary Only
- Smile Design Unit(s)  
(diagnostic wax-up & temporary)
- LuxxZr™
- Full-Contour Zirconia
- IPS e.max®
- Porcelain Fused to Zirconia
- e.max Veneers

**Shape**

- Match Photographs included
- Match provisionals exactly
- Match provisionals with added  
artistry
- Match Smile Template Letter
- Other \_\_\_\_\_

**Smile Template Letter**

*Found in the Aesthetic Pro Smile  
Design Guide*

\_\_\_\_\_

**Length**

Central #8 \_\_\_\_\_mm  
Central #9 \_\_\_\_\_mm  
Laterals \_\_\_\_\_mm less  
than centrals

**Overjet**

- 1 mm
- 2 mm
- 3 mm
- 4 mm
- Other \_\_\_\_\_

**Tooth Number(s)**

- Crown
- Bridge  
#s \_\_\_\_\_

**Shade**

Final Shade \_\_\_\_\_  
Stump Shade \_\_\_\_\_  
Body Shade \_\_\_\_\_  
Gingival Shade \_\_\_\_\_

**Incisal Translucency**

- Minimal (0.5 mm)
- Moderate (1.0 mm)
- Maximum (1.5 mm)

**Incisal Edge**

- Flat
- Characteristics
- Mamelon Developments

**Occlusal Staining**

- None
- Light
- Medium
- Dark

**Goals of Final Case**

- Widen Buccal Corridor
- Younger Smile
- Close Diastema
- Feminize Smile
- Move Midline
- Lengthen Teeth
- Change Shade
- Replace Existing
- Straighten Teeth
- Other \_\_\_\_\_

**Enclosed with Case**

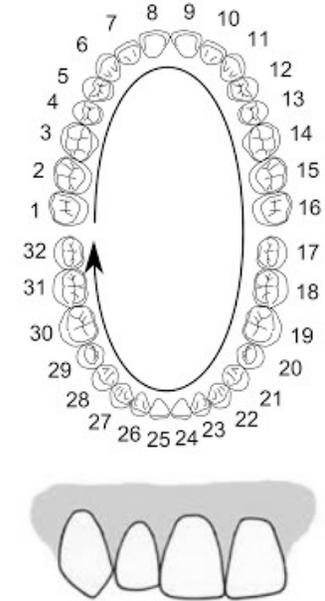
- Working Model
- Opposing Model
- Solid Model
- Pre-op Model/Impression
- Temp Model/Impression
- Diagnostic Wax-up
- Full Impression
- Quadrant Impression
- Triple Tray
- Bite
- Stick Bite
- Face Bow Bite
- Shade Blade
- Photos/Slides/Film
- Base Plate
- Articulator
- Model
- Ser #

**Case Notes**

Needs Phone Consultation   
Patient Gender: M F Patient Age: \_\_\_\_\_

Needs Phone Consultation

Email photos to:  
[info@albenzilab.com](mailto:info@albenzilab.com)



The diagram shows a dental arch with teeth numbered 1 through 32. Teeth 1-16 are on the upper arch, and teeth 17-32 are on the lower arch. An arrow points to tooth 31. Below the arch diagram is a shaded area representing the lower front teeth (incisors and canines).

Signature \_\_\_\_\_ License # \_\_\_\_\_ Date \_\_\_\_\_

## **TERMS & CONDITIONS**

By signing or sending this Rx script (or a substitute thereof) to NDX Albensi, I agree to abide by all the terms and policies listed herein. NDX Albensi is not responsible for incidental or consequential damages, including inconvenience, lost income, chairtime or pain and suffering.

All accounts are payable within 15 days of the statement date. Any amounts not paid within the terms are subject to a monthly finance charge of 1.5% of the unpaid balance. In addition, the account is subject to COD status whereas the unpaid balance will be added to the cost of the case(s) being delivered. All case items sent will remain the property of NDX Albensi until the balance is paid in full. A minimum of \$25.00 will be charged for all checks returned to NDX Albensi. Any legal fees related to collections are the responsibility of the client. Client agrees that all legal claims and/or disputes shall be governed by the Commonwealth of Pennsylvania and submit to exclusive jurisdiction of and be in venue of. Also, shipping charges will apply and vary depending upon your geographic location.

## **WARRANTY**

For a period of five years from the date of the invoice on all fixed restorations, we guarantee your complete satisfaction with the workmanship and materials of the restoration you purchased. This warranty is in lieu of all other warranties, whether expressed, implied or written by any agent, broker, distributor, employee or representative of NDX Albensi.

Incidents where there is failure of supportive tooth or tissue structures, improper adjustments, improper dental hygiene, abuse or accidents make this guarantee null and void.

If, for any reason, the restoration is not acceptable at the time of receipt or at the time of insertion, we shall adjust, repair or replace the appliance at no charge. Simply return the prosthesis with the original model work and an explanation of the problem with your request for adjustment, repair, replacement or refund. If a doctor requests a remake of a case with a change in the design, restoration type, or shade from the original RX, it will be subject to charge.

CONDITIONS – Prosthesis must be inserted by a licensed practicing dentist or prosthodontist within one month of fabrication. Patient must adhere to semi-annual cleanings and exams.