



## Impression Instructions Sheet

# Important!

Read this before you send us a Snap-On Smile impression.

Because Snap-On Smile fits on both sides of the arch an exact impression of the buccal and lingual MUST be included.

The bite must be checked to confirm if occlusal holes are needed or not.

Please complete the **Impression Requirement Check List** in **section H** of the Snap-On Smile R(x) form.

If this form is NOT completed in FULL and initialized the R(x) form may NOT be accepted, and you may need to REDO the impression.



(cut here)



**All items in bold type are mandatory. If not filled in, case cannot be processed.**

AC Dental Esthetic Institute  
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PLEASE NOTE: By submitting this Rx, I agree to terms and conditions on reverse side.

DR'S SIGNATURE: \_\_\_\_\_

DR'S LICENSE NUMBER: \_\_\_\_\_

PRE-ARRANGED:  YES  NO

IF YES, ORDER NUMBER: \_\_\_\_\_

FOR STUDIO USE ONLY

DATE RECEIVED #: \_\_\_\_\_ PAN #: \_\_\_\_\_

OPEN INITIALS: \_\_\_\_\_

INCOMING QC NOTES: \_\_\_\_\_

ORIGINAL ORDER #: \_\_\_\_\_

REMAKE/REPAIR REASON CODE: \_\_\_\_\_

STAGE: \_\_\_\_\_

REMAKE REASON: \_\_\_\_\_

CUSTOMER #: \_\_\_\_\_

O/E INT: \_\_\_\_\_

NEW ORDER #: \_\_\_\_\_

STAGE: \_\_\_\_\_

CUSTOMER NUMBER \_\_\_\_\_ DOCTOR (LAST, FIRST, MI) \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

How Many Arches? 1 Arch  2 Arches

**ALLOW 21 WORKING DAYS FROM DATE OF CASE ACCEPTANCE**

PROMOTION CODE \_\_\_\_\_

### A. CASE TYPE

- Snap-On Smile Full Arch (7 units or more)
- Snap-It! Quadrant (6 units or less)
- Snap-On Smile remake
- Snap-It! remake

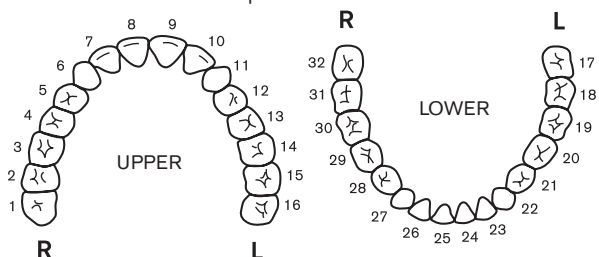
### B. PATIENT TREATMENT MODALITY

Please check all that apply

- Cosmetic Removable Partial Denture
- Cosmetic Smile Enhancement
- Implant Temporary Restoration
- Raising Vertical Dimension

### C. CASE DESIGN

Please use diagram below for case design and mark off extractions / pontics



### F. PONTIC DESIGN

- Hygienic
- Full Ridge
- Ovate \_\_\_\_\_ mm

### E. CASE DESCRIPTION

Please fill in all that apply

- 1a. Upper
- 1b. Tooth # \_\_\_\_\_ to Tooth # \_\_\_\_\_
- 2a. Lower
- 2b. Tooth # \_\_\_\_\_ to Tooth # \_\_\_\_\_
- 3. List teeth to be extracted (if applicable) \_\_\_\_\_
- 4. List pontics to be replaced (if applicable) \_\_\_\_\_
- 5. Raise gingival margins on Teeth #'s \_\_\_\_\_ mm
- 6. Increase incisal length \_\_\_\_\_ mm
- 7. Raising vertical dimension (as a standard when raising vertical dimension, there is full occlusal coverage)
  - a. Raise posterior \_\_\_\_\_ mm
  - b. Raise anterior \_\_\_\_\_ mm
- 8. Occlusal holes (leave occlusal surface open to maintain vertical dimension)
  - Upper  Lower  Both  None
- 9. Lingual windows on anterior teeth (uppers only)

### F. SHAPE

- Incisal**
  - Rounded  Square  Square-Round
- Canine**
  - Rounded  Square  Pointed

### G. SHADE (See reverse side for available shades)

Specify shade guide \_\_\_\_\_ Number \_\_\_\_\_

Specified desired shade \_\_\_\_\_

**Shade changes from original are not covered by warranty. See reverse side for available shades.**

### H. IMPRESSION REQUIREMENT CHECK LIST

All boxes MUST be checked "YES" to complete your order.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Did you use a PVS material?<br>If NO, did you include a model paired with a high quality die stone?        | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you use full arch impression trays?<br>(Triple Trays cannot be used).                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you take a bite registration?<br>(Wax bites cannot be used).   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are ALL teeth to be fabricated included in impression?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you reviewed the gingival margin of all teeth to ensure there are no pulls? Check for any distortion. | <input type="checkbox"/> | <input type="checkbox"/> |

### I. CASE ENCLOSURES

- Full Arch Polyvinyl/Polyether Impression
- Bite Registration
- Opposing Full Arch Model/Impression
- Patient Photograph
- Articulator
- Other

See reverse side to include any special instructions.