

WEBER DENTAL LABORATORY, INC.

1120 So. Ft. Thomas Ave., Ft. Thomas, Kentucky (859) 781-4600

(Mailing Address: Box 72338, Newport, KY 41072-0338)

Today's Date	Time Wanted:	KT Registratio					
		170					
Dentist Address							
City/State/Zip_				_			
Patient Name		Male Female	Age				
HESA D	Design						
(High-Impact Estheti	c Smile Appliance) Shade	s: A1, A2, A3, A3.5, A4 B1, B2, B3, B4, C1, C2, C3, C4, D2, D3, D4,					
_ 4200	Uppers: Too	th # to Tooth #		500			
5	Lowers: Too	th # to Tooth #	_	- 2			
☐ 4 (S) Mark P		Impression Requirement Check List					
2 (R) for Pontics	15 1. Did you use a	PVS material?	YES	NO			
Mark E	noured with a	6 If NO, did you include a model poured with a high quality die stone?		Ш			
32(火)		I arch impression trays? annot be used					
□30(½)	3. Did you take a Wax bites can	bite registration? not be used					
29(3)	20 4. Are ALL teeth in impression?	to be fabricated included					
27 26 25 24 2	of all teeth to	5. Have you reviewed the gingival margins of all teeth to ensure there are no pulls? Check for any distortion.					
All verticles wil ope minimun of I mm in or construct the applia properly.	der to Please place specific	Case Enclosures: Full Arch Impression Bite Registration Opposing Full Arch		Impressio			





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KY Registration # L0001

Today's Date	Time Wanted:					
Or	P	Phone#				
Dentist Address					_	
City/State/Zip_					_	
Patient Name		Male	Female [Age		
HESA D (High-Impact Esthetic	esign Smile Appliance) Shade	BI, B CI, C	A3, A3.5, A4 2, B3, B4, 2, C3, C4, D3, D4,			
- 7/00	Uppers: Too	th #	_ to Tooth #		•:	
	Lowers: Too	th #	_ to Tooth #		2	
4	All boxes Mus 15	t be Checke PVS materia i include a m	? odel		order. NO	
32(<u>k</u>)	2. Did you use fu Triple Trays c	The state of the s				
」31(±) □30(注)	3. Did you take a Wax bites can		ation?			
□29(₹)	20 4. Are ALL teeth in impression?		ated included			
27 26 25 24 23	5. Have you revie of all teeth to Check for any	ensure there				
All verticles wil oper minimun of I mm in ord construct the applian properly.	der to Please place specific	☐ Full A	se Enclosures: rch Impression Registration sing Full Arch		Impression	
nstructions: (Conti	nue on back if needed)					

Si	D.D.S.	Simpture	D.D.S.	1:-#
Signature	D.M.D LIC#	Signature	D.M.D	LIC#