

Three Appointment Duplicate System

PATIENT INFORMATION FORM

| | | | Date Due: | | | | |
|--------------------------|---------|---------|---------------------------|--|--|--|--|
| DOCTOR | | PATIENT | M / F | | | | |
| ADDRESS | | | ZIP_ | | | | |
| ADDRESS | | | ZII | | | | |
| 1. Shade | | #8 | 10. From the book, | | | | |
| 2. Type tooth: Economy / | Premium | × | Arrangement # | | | | |
| 3. Ant. tooth size, Same | • | | | | | | |
| LongerMM Sh | orter | MM | 11. Draw your teeth | | | | |
| WiderMM Na | rrower | MM | arrangement looking | | | | |
| 4. Posterior teeth | | | down on the incisal edge. | | | | |
| Upper 0 10 20 33 | Other_ | 4 | BASIC SOFT | | | | |
| Lower 0 10 20 33 | Other | | | | | | |
| 5. Occlusal plane FLAT | | NATURAL | C C | | | | |
| BUCCALIZED LINGU | ALIZED | LINEAR | VIGOROUS SPACED | | | | |
| 6. Vertical, | Same | | | | | | |
| Needs opened | | MM | | | | | |
| Needs closed_ | | | | | | | |
| 7. Midline, | | - 3 | | | | | |
| Move to patient's right_ | | | | | | | |
| Move to patient's left_ | | | | | | | |
| | | | | | | | |
| Shorten | | | | | | | |
| Lengthen | | | | | | | |
| 9. Ant. tooth position, | | | | | | | |
| Anteriorly | | | | | | | |
| Posteriorly | | | | | | | |

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| | | Date Due: |
|--|---|---|
| DOCTOR | PATIENT_ | M / F |
| ADDRESS | * . | ZIP |
| Shade Type tooth: Economy / Premiu | yφ m | 10. From the book, Arrangement # |
| 3. Ant. tooth size, Same LongerMM Shorter WiderMM Narrower_ 4. Posterior teeth | | 11. Draw your teeth arrangement looking down on the incisal edge. |
| Upper 0 10 20 33 Other Lower 0 10 20 33 Other 5. Occlusal plane FLAT BUCCALIZED LINGUALIZED | r NATURAL | BASIC SOFT VIGOROUS SPACED |
| Needs opened | | |
| Move to patient's right | MM | |
| Shorten | MM | |
| Lengthen 9. Ant. tooth position, Same Anteriorly Posteriorly | <u>, , , , , , , , , , , , , , , , , , , </u> | |