### Appliance Type

(Please check one of the 4 boxes below)

- **Snap-On Smile (Standard)**
  - Full Arch (6 units or more)
  - Partial Arch (5 units or less)
- **Snap-On Smile (Advanced)**
  - Full Arch (6 units or more)
  - Partial Arch (5 units or less)

### Snap-On Smile Style

(Please check one of the 5 boxes below)

- **Hollywood**
  - Centrals: Square Round, Laterals: Square Round, Cuspid: Flat
  - (with option to make slightly shorter)

- **Softened**
  - Centrals: Square Round, Laterals: Square Round, Cuspid: Round

- **Natural**
  - Centrals: Square Round, Laterals: Short Square Round, Cuspid: Pointed

- **Functional**
  - Centrals: Square Round, Laterals: Square Round, Cuspid: Pointed

- **Follow Existing Dentition**
  - (Default)

### Appliance Design

- **Uppers**: Tooth #________ to Tooth #________
- **Lowers**: Tooth #________ to Tooth #________

### DenMat Shade Guide Selection

(please circle one):

- S1
- S2
- S4
- S5
- S6
- S7
- S9
- S10
- S13
- S17

*Please expect a slight shade variation if using non-DenMat guide

### Extended Gingival Margins for Esthetics and Symmetry

- If yes, please complete below:
  - Tooth #________
  - Length (mm)________

### Specific Instructions:

- Impressions (PVS, please no models)
- Upper
- Lower
- Bite registration (No wax bites)

- Required Photos (Details on reverse)

- Requesting Consultation