



PENN COMPOSITE STENT

Additional Instructions

Account Number

Dentist

Invoice Name

Date.....

Address.....

Phone.....

Email.....

Patient Name.....

Work Required By.....



Existing tooth shade

Shade intended

SELECT PREFERRED SMILE TYPE

- | | | | |
|------------|--------------------------|-----------|--------------------------|
| Aggressive | <input type="checkbox"/> | Dominant | <input type="checkbox"/> |
| Enhanced | <input type="checkbox"/> | Focused | <input type="checkbox"/> |
| Functional | <input type="checkbox"/> | Hollywood | <input type="checkbox"/> |
| Mature | <input type="checkbox"/> | Natural | <input type="checkbox"/> |
| Oval | <input type="checkbox"/> | Softened | <input type="checkbox"/> |
| Vigorous | <input type="checkbox"/> | Youthful | <input type="checkbox"/> |

PLEASE SEND PATIENT IMAGES WITH YOUR CASE OR EMAIL TO australia@scdlab.com

OFFICE USE ONLY: