

Three Appointment Duplicate System

PATIENT INFORMATION FORM

Date Due: _____

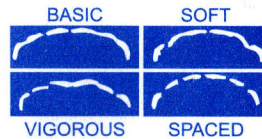
DOCTOR _____ PATIENT _____ M / F

ADDRESS _____ ZIP _____

- 1. Shade
- 2. Type tooth: Economy / Premium
- 3. Ant. tooth size, Same
Longer _____ MM Shorter _____ MM
Wider _____ MM Narrower _____ MM
- 4. Posterior teeth
Upper 0 10 20 33 Other _____
Lower 0 10 20 33 Other _____
- 5. Occlusal plane FLAT NATURAL
BUCCALIZED LINGUALIZED LINEAR
- 6. Vertical, Same _____
Needs opened _____ MM
Needs closed _____ MM
- 7. Midline, Same _____
Move to patient's right _____ MM
Move to patient's left _____ MM
- 8. Incisal edge, Same _____
Shorten _____ MM
Lengthen _____ MM
- 9. Ant. tooth position, Same _____
Anteriorly _____ MM
Posteriorly _____ MM

10. From the book,
Arrangement # _____

11. Draw your teeth
arrangement looking
down on the incisal edge.



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