



SMILE DESIGN — FINAL RESTORATION PROTOCOL

Records & laboratory instruction for definitive restorations

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RECORDS REQUIRED FOR FINAL RESTORATIONS

- Shade and stump shade.
- Accurate impressions in the material of your choice (or intraoral scan / STL).
- Bite registration (CO or CR) — preps to opposing dentition and provisionals to opposing dentition, preferably using elastomeric materials. For full-mouth cases, provide prep-to-prep registration and prep-to-temps for both arches.
- Face-bow record if relevant.
- Impression of the approved provisional, including any adjustments and written confirmation of patient go-ahead.
- Relevant photos of the provisional as per the wax-up — close-up (1:2) and full-face smile (1:10).
- Tooth notation and type of restorations required (below). Photos may be supplied in any format.

PRACTICE & PATIENT DETAILS

Dentist Name Patient Name / Reference Age

Prototype Review Date Delivery Date Fit Date

Basic Shade / Stump Shade

RESTORATION TYPE — MARK TEETH (FDI)

Veneers / Laminates

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Zirconia Monolithic

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Zirconia Layered

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

PFM

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

PONTIC DESIGN & ENCLOSURES

Pontic design

Ovate ___ mm

Full Lap

Buccal Lap

Sanitary Contact

Sanitary Spaced

Pontic Relief: Yes / No

Enclosures

Siliconeimps (U/L)

Alginateimps (U/L)

Bite reg (CO/CR)

This is a custom-made device intended for exclusive use by the named patient. It conforms to the relevant requirements of the UK Medical Devices Regulations 2002 (as amended). This statement does not apply to devices repaired or refurbished for an individual patient's use.

Prep-to-prep

Prep / Temp to opp

Stick bite

Face-bow

IMPS disinfected

SURGEON & PATIENT REQUIREMENTS

CONFIRMATION OF INSTRUCTIONS

Approved for manufacture

Technician

Date

Dentist Signature

Date

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