



SMILE DESIGN LABORATORY INSTRUCTION

Wax-up & mock-up prescription — for predictability in smile design dentistry

OSCERA

Digital Dental Lab
hello@oscera.co.uk
+44 7700 000 000
www.oscera.co.uk

LAB USE ONLY	Bin No.	Job Ref.
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PRACTICE & PATIENT DETAILS

Dentist Name	Patient Name / Reference	Age

WAX-UP TYPE

Digital Analogue

WAX-UP NOTIFICATION — MARK TEETH (FDI)

Veneer / 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

Crowns / Bridges

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

Other

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

DESIGN INSTRUCTIONS

Incisal Edge <input type="checkbox"/> Follow original <input type="checkbox"/> Move up (apically) ___ mm <input type="checkbox"/> Move down (incisally) ___ mm	Midline <input type="checkbox"/> Currently correct <input type="checkbox"/> Canted — correct to left / right <input type="checkbox"/> Move ___ mm left / right
Proportions <input type="checkbox"/> Make ___ / ___ narrower <input type="checkbox"/> Make ___ / ___ wider	Buccal Corridor <input type="checkbox"/> Bring ___ out (buccally) <input type="checkbox"/> Bring ___ in (palatally)
Gumline <input type="checkbox"/> Raise ___ align with ___ <input type="checkbox"/> Lower ___ align with ___ <input type="checkbox"/> Pink porcelain	Embrasures <input type="checkbox"/> Square <input type="checkbox"/> Round <input type="checkbox"/> Berland
Overjet	Missing Teeth

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.

Increase by ___ mm

Make ___ / ___ look like ___ / ___

Reduce by ___ mm

PREP & TEMP GUIDES REQUIRED

Vacuum-formed

Putty

Fan guide

Prep guide

Temp guide

SURGEON & PATIENT REQUIREMENTS

CONFIRMATION OF INSTRUCTIONS

Approved for manufacture

Technician

Date

Dentist Signature

Date

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