

Office and Dr. _____

DUE DATE:

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Address and Contact Info:

ARCHIBALD ESTHETICS LLC
ARCHIBALD DIGITAL
789 S 350 W Lehi, UT 84043
801 8855254
jed.archibald.dental@gmail.com
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Treatment and Patient Goals: _____

Case Notes and Directions:

Desired Shade:

Pre-op Shade Tab:

Stump Shade Tab:

Photos Checklist:

- Pre-op w/shade guide
- Pre-op full face
- Preps with shade guide
- Stick bite full face
- Temps full face

Cosmetic Materials Checklist:

- Pre-op Models upper and lower
- Pre-op Bite
- Impressions of Preps
- Stick Bite Level with the Eyes
- Impressions of adjusted Temps
- Bite with adjusted Temps

Date: _____

DDS Signature: _____

PT. Aesthetic Preferences

Color and FX Profile:

Natural notes:

Hollywood



Rotation and Stepping (smile line):

Natural notes:

Hollywood



Please ask the patient:

- 1- Have they been bleaching?
2. Would they like to bleach?

All patients should have reached their desired bleaching shade and stopped for a minimum of 4 days. This will give us a more accurate resting shade to match to. All remakes and adjustments will be billed to the office.

Cosmetic Appointment:

I am happy to schedule a virtual visit with the patient to discuss and design their smile. We can do 3D renderings, or Photoshop Smile Design. Please not PSD's take longer to prepare, and appropriate clinic photography. The patient or office can schedule the visit.

Payments

Payment terms can be tailored to individual offices. However, if agreed terms are not followed, we will terminate the account.

Please feel free to use the back for more notes if needed, I will check there too. →