Anterior Restoration Requirements

We want patients to look good because that makes you look good! Together we can make that happen.

Please send the following information with your case request:



1. UPPER & LOWER SCANS AND/OR UPPER AND LOWER IMPRESSIONS

• Send scans through Sirona Connect or upload them to LabStar

2. BITE REGISTRATION

3. INCISAL TRANSLUCENCY PREFERENCE

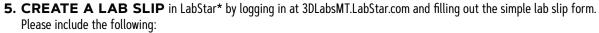
- **4. PHOTOS** (upload to LabStar with the case entry)
 - Patient is seated with their feet flat on the ground at a 90 degree angle or standing
 - Camera at eye level

Full face "passport" pictures (shoulders, top of head, and both ears showing equally)

- >> IMAGE 1: Relaxed Smile
- >> IMAGE 2: High Smile

Close up including EYES pictures

- >> IMAGE 3: Relaxed Smile
- >> IMAGE 4: High Smile
- >> IMAGE 5: Retracted Full Closed Bite
- >> IMAGE 6: Shade quide photo (pic with the chosen shade quide next to teeth)



- Lab name
- Patient name
- Doctor name
- Restoration details
- Shade** (tooth shade and stump shade)
- Special instructions
- Due date



SMILE

[»] If you do not have a LabStar account, please call 3D Labs @ 406-281-8993 to create a free account today.

^{**} VITA shade guides are standard for our lab. If your office uses a different shade system, please contact us and we will accommodate.