



M32 ORAL DESIGN STUDIO

1397 GALLERIA DRIVE SUITE 201
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TODAY'S DATE

DOCTOR

PHONE#

PATIENT

AGE

SEX

M

F

DUE BY 3:00 PM

SHADE MAP

SHADE	
<input type="text"/>	

TOOTH INFORMATION

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17

VALUE <input type="text"/>	STUMP <input type="text"/>
INCISAL TRANSLUCENCY <input type="text"/>	

CENTRAL LENGTH #8 <input type="text"/> mm	#9 <input type="text"/> mm	BUTT MARGIN TOOTH# <input type="text"/>
GINGIVAL LINE: MODIFY POSITION <input type="text"/> mm		GOLDEN PORTION <input type="text"/> mm
IF INADEQUANTE CLEARANCE <input type="text"/>	OPEN BITE <input type="text"/> mm	

SHADE NOTE

Rx INSTRUCTION

Preferred Material

GOAL OF NEW SMILE DESIGN

- | | |
|--|---|
| <input type="checkbox"/> CHANGE SHAPE | <input type="checkbox"/> FEMINIZE SHAPE |
| <input type="checkbox"/> CLOSE DIASTEMA | <input type="checkbox"/> YOUTHEN SMILE |
| <input type="checkbox"/> MOVE MIDDLE LINE | <input type="checkbox"/> LENGTHEN TEETH |
| <input type="checkbox"/> WIDEN BUCCAL CORRIDOR | <input type="checkbox"/> CHANGE SHADE |

SMILE ESTHETIC DESIGN	<input type="text"/>
SMILE DESIGN BY AOSHIMA	<input type="text"/>
SMILE CATALOG BY L.V.I	<input type="text"/>
SURFACE TEXTURE	<input type="text"/>
SURFACE FINISH	<input type="text"/>

PLEASE SEND:

- | | |
|--|--|
| <input type="checkbox"/> FEDEX PREPAID LABEL | <input type="checkbox"/> PAPER RX FORM |
|--|--|