FRIENDSHIP DENTAL LABORATORIES, INC

smile shapers™

GENERAL INFORMATION

Doctor Name: _____ Doctor Email: _____

Patient Name: _____ Gender: ☐ M ☐ F Date of Birth:_____

PRESENT CLINICAL CONDITION

Patient's Primary Concern: _____

_____

_____

Canine Class Relationship: Right _____ Left _____

Molar Class Relationship: Right _____ Left _____

Upper Midline: ☐ Centered ☐ Shifted Right _____mm ☐ Shifted Left _____mm

Lower Midline: ☐ Centered ☐ Shifted Right _____mm ☐ Shifted Left _____mm

INSTRUCTIONS

Treat Arches: ☐ Upper ☐ Lower

Final Retainer (Single): ☐ Upper ☐ Lower

Final Retainer (3-Sets) & Extended Care: ☐ Yes ☐ No

(default options are in bold)

	Maintain	Improve	Idealize
☐ Upper Midline	☐	**☐**	☐
☐ Lower Midline	☐	**☐**	☐
☐ Overjet	☐	**☐**	☐
☐ Overbite	☐	**☐**	☐
☐ Canine Relationship	☐	**☐**	☐
☐ Molar Relationship	**☐**	☐	☐
☐ Posterior Crossbite	**☐**	☐	☐

	Yes	No	If Needed
☐ IPR	☐	☐	☐
☐ Attachments	☐	☐	☐
☐ Procline	☐	☐	☐
☐ Expand	☐	☐	☐
☐ Distalize	☐	☐	☐

SPECIAL INSTRUCTIONS:

Dr. Signature: _____

License Number: _____

Date: _____

ENCLOSED RECORDS

☐ Digital Scans ☐ PVS Impressions ☐ Bite Registration

X-Rays

☐ Pano ☐ FMS

Do not move these teeth:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
L	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	R
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Avoid attachments on these teeth:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
L	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	R
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

I will extract these teeth before treatment:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
L	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	R
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Leave these spaces open:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
L	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	R
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

FRIENDSHIP DENTAL LABORATORIES, INC

FIXED LAB
8510 Philadelphia Road
Rosedale, Maryland 21237
(410) 780-7700
petere@friendshipdentallab.com

REMOVABLE LAB
6826 Eastern Avenue
Baltimore, Maryland 21224
(443) 503-5301
removables@friendshipdentallab.com