

Consultation — A.R.T. Rx Form & Instructions

1-800-872-8384 x5520 www.denmat.com



Dr. Name _____ Signature _____

Address _____

Account # _____ License # _____

Phone # (_____) _____ Email Address _____

Patient Name _____ Male ☐ Female ☐ Due Date _____

Step 1 Choose Your Level of Service

☐ Classic Service

☐ NEW Signature Service with RSVP — Our “boutique” service offering advanced color matching and artistry, and state-of-the-art processes. Signature Service technicians have received advanced education on occlusion and diagnostic planning.

Note: Please call to schedule your technician and reserve a place in our fabrication process prior to shipping the case. 1-800-872-8384 x5520

Step 2 Patient/Doctor Consultation & Evaluation

Check all that apply.

☐ Close diastema(s) completely

☐ **Change shade*: From _____ To _____**

☐ Make smile more youthful

☐ Correct reverse smile

☐ Open vertical

☐ Improve shape and contour

☐ Correct midline cant

☐ Lengthen teeth

☐ Improve “gummy smile”

☐ Other _____

*If going up more than 2 shades please whiten teeth first.

Step 3 “Natural” Smile or “Hollywood” Smile

Does the patient want a more “Natural” smile or “Hollywood” smile? Does the patient have a specific photo/reference for the lab to follow?

Pick one style.

☐ Yes, I want a Lumineers “Natural” Smile.

“Natural” smiles are designed for patients who like their tooth shape and form in general (e.g., correct worn or chipped edges, close spaces, correct alignment, lighten the shade, correct slight functional issues).



☐ Yes, I want a Lumineers “Hollywood” Smile. Smile Design Catalogue

or name : _____

“Hollywood” smiles change the patients’ look and smile from their original tooth shape. “Hollywood” smiles generally follow golden proportion and traditional Smile Design Catalogues. These smiles may require more tooth reduction.



Step 4 Select Necessary A.R.T. Process (See instructions on page 2)

No Reduction — Additive Only



Pre-op Model



Additive Wax-up



Matrix of Wax-up for the “Trial Smile”

The A.R.T. of Lumineers®

Minimally-invasive dentistry is usually more challenging than traditional preparation. A.R.T. (Additive-Reductive Template) is DenMat’s new, innovative process designed to make even complex cases simple.

Strategic — Additive and Reductive



Pre-op Model



Incisal and Interproximal Reduction Template



Additive/Reductive Wax-up



Matrix of Wax-up for the “Trial Smile”

Idealized — Additive and Reductive



Pre-op Model



Facial Reduction



Interproximal Reduction



Incisal Reduction



Gingival Reduction



Additive/Reductive Wax-up



Matrix of Wax-up for the “Trial Smile”

Step 4 Select Necessary A.R.T. Process (Continued)

Select one:

☐ **No Reduction** — Additive Only (\$16 per unit) ☐ **No Reduction** — Signature Service — Additive Only (\$25 per unit)

The patient does not want any tooth reduction. This is a priority for this case. Improve the esthetics without any reduction.

- It is understood by the patient and doctor there could be some esthetic compromise without any tooth reduction.
- IMPORTANT IN NO-PREP CASES - We strongly suggest the doctor perform a “Trial Smile” — an additive wax-up made in the lab and returned with a matrix for a quick and accurate mock-up so the patient can see and approve their new smile before final fabrication. (Alternatively, an accurate chair side mock-up could be performed by the doctor.)
- The patient understands this is an additive process adding bulk (.3-7mm) and length (.75-1.0mm to wrap the incisal edges). Make sure you indicate the desired length of the centrals.
- Porcelain feathered out to the tissue margin most often require some minor finishing after bonding. See “Best Practices” included with this form.
- **If the lab sees a moderate to significant compromise, they will call you to discuss.**

Additional comments: _____

☐ **Strategic** — Additive and Reductive (\$24 per unit) ☐ **Strategic** — Signature Service — Additive and Reductive (\$32 per unit)

- Strategic prepping while maintaining arch form.
- The patient and doctor will allow some very strategic prepping only when absolutely necessary on certain teeth that may be out of the desired plane of occlusion, out of arch form, overcrowded, rotated etc. A reduction template will be provided by the lab to serve as the roadmap for success.

Additional comments: _____

☐ **Idealized** — Additive and Reductive (\$32 per unit) ☐ **Idealized** — Signature Service — Additive and Reductive (\$39 per unit)

- Moderate to significant tooth preparation to optimize esthetics.
- Generally, interproximal embrasures are reduced by .3mm-5mm.
- .3mm-5mm of facial enamel is removed to accommodate porcelain without adding bulk, where indicated.
- Incisal edges are often shortened unless adding additional length to the teeth.
- A .3mm-5mm shoulder margin preparation is performed with a .3mm-5mm finish line placed on the lingual for an incisal wrap. 1mm of incisal porcelain is required for the incisal wrap. Soft, rounded edges are ideal (no sharp or flat edges left on the incisal edges)
- Teeth out of arch form or the plane of occlusion are reduced.
- Crowns, implants, and combo cases all qualify as ideal prep.

Additional comments: _____

Step 5 Critical Smile Design Information

Tooth Numbers Involved (Circle numbers)

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

Indicate crowns, veneers and bridges _____

Length

Desired length of the centrals #8 _____mm #9 _____mm Note: 1mm additional length required for an incisal wrap (see “Best Practices”).

Tissue Augmentation – Slightly “push” gingival tissue to improve/enhance symmetry.

Please idealize tissue architecture and crown lengthen as needed. Tooth numbers: _____

Step 6 Mandatory Items to Include with the Case

- Pre-op VPS impressions
- **Full-face natural smile photo with eyes open (eyebrow to chin) Note: Allows correction of midline or occlusal cant.**
- Full bite registration (no wax bites please)
- Completed Consultation Rx Form
- Full-face with lateral view (retracted)

Step 7 Additional Instructions

Additional comments: _____

☐ **I would like a phone call to discuss this case.**

Please see back page for shipping time, warranty, etc.

Prep Appointment Rx Form & Instructions

1-800-872-8384 x5520



Step 1 Choose Your Level of Service

☐ Classic Service

☐ NEW Signature Service with RSVP — Our “boutique” service offering advanced color matching and artistry, and state-of-the-art processes.
Note: Please call to schedule your technician and reserve a place in our fabrication process prior to shipping the case. 1-800-872-8384 x5520

Dr. Name _____

Address _____

Patient Name _____

Dr. License # _____

Due Date _____

Phone _____

Step 2 Material Choice

Lumineers Material

☐ I would like the lab to recommend the best material choice based upon all data provided (**strongly suggested**).

Please indicate bridges and splinted crowns if desired (tooth numbers):

☐ Lithium Disilicate

☐ Traditional Cerinate

Crown/Bridge Options

☐ LumZir® Full Contour Zirconia — 1200 MPa

☐ LumiZir Natural™ High-Trans — 600 MPa

☐ LumiZir Zirconia with layered porcelain

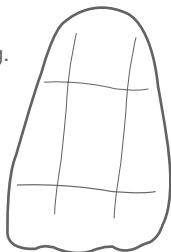
☐ Cerinate® Crown

Step 3 Ceramic Finishes & Instructions (Shade – Vita-Lumin or 3D Master shade guide is preferred)

Pre-op Shade _____ Stump Shade _____ Desired Shade _____

☐ I want traditional shading.
Follow the shade tab

☐ I want some gingival warmth added



Surface Texture

☐ Smooth ☐ Moderate ☐ Heavy

Final Glaze

☐ Satin ☐ Low Gloss ☐ High Gloss



Incisal Translucency

☐ None ☐ Minimal ☐ Moderate



Tooth Numbers Involved (Circle numbers)

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

Step 4 Prep and Opposing Adjustments Performed by the Lab

If Inadequate Clearance:

☐ Use your judgment ☐ Spot opposing ☐ Spot prep ☐ Provide a reduction guide

☐ Call me if reduction exceeds 1mm ☐ Please mark the die and provide a reduction if needed

Other Conservative Prep Adjustments:

☐ Lab judgement

☐ Other _____

Step 5 Confirm Final

Confirm Length of the Central Incisors: Desired length of centrals #8 _____ mm #9 _____ mm **Note:** 1mm additional length required for an incisal wrap.
See “Best Practices” included with this form.

Confirm Shape

☐ Follow patient-approved provisional model

☐ Follow patient-approved wax-up

☐ Follow patient-approved Smile Design Catalogue shape _____

☐ Other: _____

Please indicate specific changes made from the provisional (eg. midline, lengths, incisal edge position, shapes, occlusion).

Optional Case Preview

☐ Yes, I would like to preview my case in the: ☐ Wax phase ☐ Bisque phase ☐ After completion

The case will not move forward or ship out until the images are approved.

☐ I would like a phone call to notify me when the images are sent.

Step 6 Mandatory Items to Include with the Case

☐ Photo with approved temps, eyebrow-to-chin with natural smile

☐ VPS impression of the approved provisional (Please capture tissue margins)

☐ Upper and lower VPS impressions of the preps

☐ Bite over teeth to be restored. Make sure patient closes completely and is in full centric. Patient must be in the upright position during bite.

☐ Kois earless facebow bite plate recommended for 6 units or more

☐ I would like a phone call to discuss this case

Step 7 Additional Instructions

Additional comments: _____

SHIPPING*

All delivery days are listed in lab working days, starting from date of case acceptance (including acceptable impressions/models, bite registration, and complete prescription information). Working days do not include the date the case is shipped, time in transit, weekends or holidays. Outbound shipments require a standard \$15 flat fee per case.

All returns must be sent to the following address:

Den-Mat Holdings, LLC
1017 W. Central Avenue
Lompoc, CA 93436 USA

DENMAT LAB PRODUCTION TURNAROUND TIME

Lumineers®: 1-11 units, 10 days • 12+ units, 12 days LumiZir®: 1-11 units, 10 days • 12+ units, 12 days Snap-On Smile®: 10 days Combination Cases: 12 days Signature Service: Standard 10-15 days — <i>Additional fees apply</i>	Rush Options Lumineers 7 days - \$25/unit 6 days - \$35/unit 5 days - \$50/unit 4 days - \$75/unit	Rush Options LumiZir 7 days - \$15/unit 6 days - \$20/unit 5 days - \$25/unit 4 days - \$35/unit	Rush Options A.R.T. - No Prep 2 days - \$32/unit 3 days - \$24/unit	Rush Options A.R.T. - Minimal Prep 3 days - \$15/unit 4 days - \$10/unit 5 days - \$5/unit
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ALL RUSH CASES MUST BE PRESCHEDULED BY CALLING 1-800-433-6628 PRIOR TO SHIPPING CASE.

ABBREVIATED TERMS AND CONDITIONS – DENMAT LAB

(Please see our complete terms and conditions available at www.denmat.com/termsofuse).

Ordering

For the best possible custom-made product, please make sure you are ordering the correct size, quantity, shade, and material application. If we make an error or if your order was inaccurate, we will make every attempt to remedy the error as quickly as possible. All orders may be subject to shipping and handling charges. "Rush" orders or orders requiring special handling may be subject to additional charges.

Product Inspection

We encourage you to inspect the product prior to acceptance. You accept the product if you use it in any way, including placing the product in a patient's mouth or making modifications to it. If you do not notify the DenMat Lab of your rejection and do not return the product to the Lab within 15 business days after your receipt of the product, you will be deemed to have accepted it.

Limited Warranty

While we believe you and your patient will be delighted with this product, we understand that 100% satisfaction is not always possible. In such event, we are happy to repair or replace, at our discretion, any product that is defective or does not meet your specifications. This is your exclusive remedy.

For all DenMat Lab restorations (excluding Snap-On Smile), DenMat's warranty obligation, with respect to an original restoration affixed to a particular tooth, is limited to one (1) time replacement for that restoration within five (5) years and covers any defects in materials or workmanship.

For Snap-On Smile, the warranty obligation is limited to one (1) time replacement of the original Snap-On Smile (both full and partial arches) within one (1) year and covers any defects in materials or workmanship.

These limited warranties are in effect from the date you receive the product and are between DenMat and the doctor. There will be no handling charge for warranty work for the first 90 days of the warranty period. After the 90 days, there will be a \$37 handling fee (US dollars) plus shipping* (depending on current shipping rates) on all warranty claims.

This limited warranty is in lieu of all other warranties, expressed or implied and is void if the product is improperly stored or used. There are no implied warranties of merchantability, fitness for a particular purpose or otherwise. Before using this product, you agree that it is your responsibility to determine whether it is suitable for the intended use and will assume all risk and/or liability associated with use of or inability to use the product. This warranty gives you specific legal rights, and you may also have other rights that vary from state to state. Some states do not allow the exclusion or limitation of incidental or consequential damages so this limitation or exclusion may not apply to you.

Our Contact Information

If you have questions or comments about our terms and conditions, we are here for you Monday through Friday from 6 a.m. to 5 p.m. (Pacific Time). Please feel free to contact our Customer Service team in any of the following three ways:

1. Send us an email at
lab@denmat.com
2. Call us at:
872-8384 x5520
3. Write us at:
1017 W. Central Avenue
Lompoc, CA 93436 USA
Attn: Lab Customer Service

FOR STUDIO USE ONLY

Date Received #: _____ PAN #: _____

Open Initials: _____

Incoming QC Notes: _____

Original Order #: _____

Remake/Repair Reason Code: _____

Stage: _____

Customer #: _____

Q/E Int: _____

New Order #: _____

Thank you for your business.



*Based on exchange rate and actual shipping cost.

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F-787 Rev. A ECR #24661