

STAR DENTAL LAB

Smile Consent Form

The purpose of this is to receive patient and doctor input to create a true masterpiece of nature using artistic and personalized quality that will meet the patients and doctors highest functional and esthetic requirements. We suggest the patient have their significant other at this appointment to get input on their new smile makeover we will be happy to make any changes. There may be a change fee if any changes are made later. In accordance with HIPPA I agree to let the Doctor and Dental Lab exchange information and use my pictures for educational purposes and the making of my Dental prosthesis.

Take pictures of temps for future reference.

Patients Name _____

1. Color of Teeth: _____

2. Shape of Teeth: _____

3. Set up of Teeth: _____

4. The amount of teeth showing: _____ 5.

5. Color of base: Regular denture _____ Modified _____ Natural _____

6. Palatine Rugae: None _____ Modified _____ Natural _____

7. Midline:

8. Changes:

We understand it's your smile and are happy to make any of the above changes to make you happy before the final lab processes of the case any changes after the process will incur a LAB FEE.

9. I have evaluated and approved the changes for final process.

Pt: _____

Dr: _____

Date: _____

Dr. Please send a copy of this with the RX

Jack Fountain C.D.T-M.D. T-R.D. A

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