



# WEBER DENTAL LABORATORY, INC.

1120 So. Ft. Thomas Ave., Ft. Thomas, Kentucky  
(859) 781-4600

(Mailing Address: Box 72338, Newport, KY 41072-0338)

KY Registration # L0001

Today's Date \_\_\_\_\_ Time Wanted: \_\_\_\_\_ (Allow 14 business days)

Dr. \_\_\_\_\_ Phone# \_\_\_\_\_

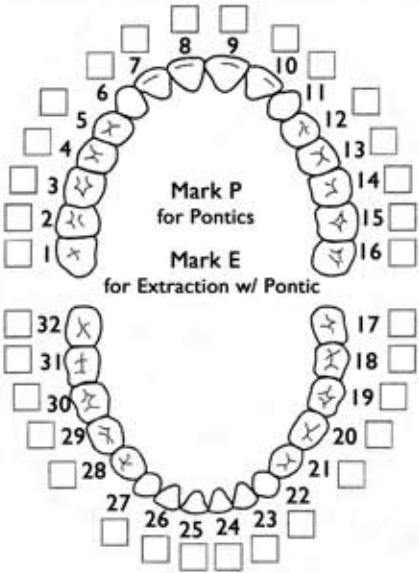
Dentist Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Patient Name \_\_\_\_\_ Male  Female  Age \_\_\_\_\_

## HESA Design

(High-Impact Esthetic Smile Appliance) **Shades: A1, A2, A3, A3.5, A4, B1, B2, B3, B4, C1, C2, C3, C4, D2, D3, D4,**



Uppers: Tooth # \_\_\_\_\_ to Tooth # \_\_\_\_\_

Lowers: Tooth # \_\_\_\_\_ to Tooth # \_\_\_\_\_

### Impression Requirement Check List

All boxes Must be Checked "YES" to complete order.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Did you use a PVS material?<br>If NO, did you include a model poured with a high quality die stone?            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you use full arch impression trays?<br>Triple Trays cannot be used   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you take a bite registration?<br>Wax bites cannot be used  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are ALL teeth to be fabricated included in impression?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you reviewed the gingival margins of all teeth to ensure there are no pulls?<br>Check for any distortion. | <input type="checkbox"/> | <input type="checkbox"/> |

### Case Enclosures:

- Full Arch Impression
- Bite Registration
- Opposing Full Arch Model/Impression

All verticles will open a minimum of 1mm in order to construct the appliance properly.

**Instructions:**  
Please place specific instructions on back of this form

Instructions: (Continue on back if needed)



Signature \_\_\_\_\_ D.D.S. \_\_\_\_\_ D.M.D. Lic# \_\_\_\_\_



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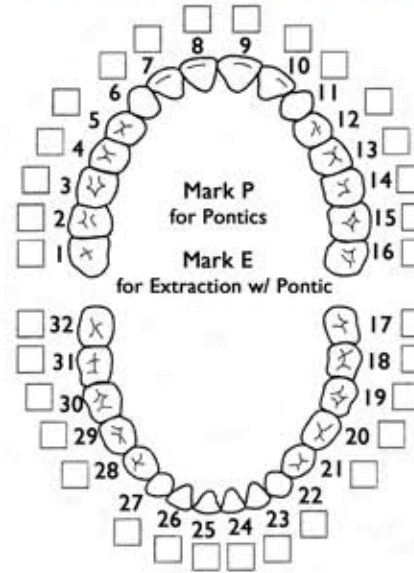
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