

**FIRST FIT™**Powered by **HENRY SCHEIN®**

Account Number \_\_\_\_\_  
 Doctor Name \_\_\_\_\_  
 License Number \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Email \_\_\_\_\_  
 Certification Number \_\_\_\_\_

Date \_\_\_\_\_  
 Patient Name \_\_\_\_\_  
 Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Due Date \_\_\_\_\_  
 Patient Appointment \_\_\_\_\_ Time \_\_\_\_\_  
 Try In Date \_\_\_\_\_ Time \_\_\_\_\_

**ENCLOSURES**

We recommend to include study models and photos of the cases that involve anterior teeth.

- Impressions (Full arch—upper and lower)     Bite registration     Photos  
 Stump Shade     Shade request     Diagnostic wax-up

**PHOTO PROTOCOL**

FirstFit veneers photo protocol

Intraoral scan

Others: \_\_\_\_\_

**MATERIAL**

e.max Lithium Disilicate

**TOOTH NUMBERS****FINISHING**

Monochrome     Stain and glaze     Polish

Color natural teeth: \_\_\_\_\_

Color ceramic restorations: \_\_\_\_\_

**DESIGN SPECS**

Youthful     Natural     Mature

Indicate: \_\_\_\_\_

**SHADE SPECS**

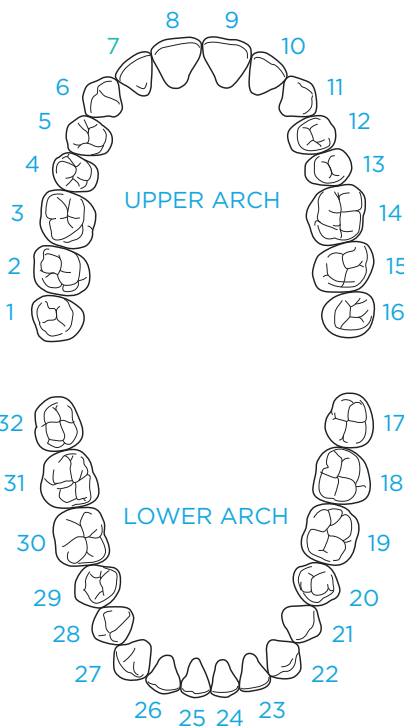
Monochromatic     Polychromatic     Incisal Translucency

**PRIMARY OBJECTIVE**

Chips/Cracks     Misalignment     Discoloration     Stump Shade     Diastemas

**CASE DESIGN**

Alignment     Recontouring     Length: \_\_\_\_\_

**LAB USE ONLY****IMPRESSION VERIFICATION**

Approved on: \_\_\_\_\_

Rejected on: \_\_\_\_\_

Called on: \_\_\_\_\_

By: \_\_\_\_\_

**DENTIST CONSULTATION**     YES     NO

Held on: \_\_\_\_\_

By: \_\_\_\_\_

Called on: \_\_\_\_\_

By: \_\_\_\_\_

Approval of digital teeth preparation.

Approval of restoration design

Approved on: \_\_\_\_\_

**UNIT VERIFICATION**

By: \_\_\_\_\_

**FINAL QC**

By: \_\_\_\_\_