PRENEW®
PRENEW

JASON J. KIM DENTAL AESTHETICS
5 Harbor Park Drive, 2nd fl., Port Washington, NY 11050
Telephone: (516) 829-4933 Facsimile: (516) 829-2068
www.jjkda.com

DR. NAME:_____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

PATIENT NAME _____

☒ Female ☒ Male AGE:_____ *LAB USE ONLY* | PAN #

Return Date: _____

MUST BE SENT TO LAB

1. STUDY MODEL WITH FULL BORDER ❒

2. PHOTO INFORMATION

Please include the following:

❒ Facial with smile
❒ Smile with lips

PURPOSE OF SMILE PREVIEW

Please indicate with an X

o Ideal smile design

- o Lengthen teeth
- o Widen buccal corridor
- o Align arch
- o Correct tooth proportions
- o Correct rotated teeth
- o Correct tissue level
- o Correct cross-bite
- o Other

_____
(other notes)

_____

_____

_____