**Comprehensive Dental Treatment & Smile Design Checklist**

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Case Type:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pre-Treatment Preparation**

☐ Ensure all front office forms are completed and on file  
☐ Review and sign treatment consents  
☐ Review and sign photography consent  
☐ Confirm financial arrangements  
☐ Take periodontal measurements  
☐ Perform oral cancer screening  
☐ Capture digital impression scans  
☐ Complete full set of digital photos (including headshot/profile)  
☐ Take full-mouth series of X-rays  
☐ Take CBCT/Panorex  
☐ Chart existing restorations and conditions  
☐ Explain and provide pre-op instructions to the patient  
☐ Complete and scan smile design form  
☐ Record existing tooth shade in chart (Shade: \_\_\_\_\_\_\_\_\_\_\_\_)  
☐ Confirm desired tooth shade (Case Shade: \_\_\_\_\_\_\_\_\_\_\_\_)  
☐ Discuss smile design with patient and record desired changes (length, contours, etc.)  
☐ Select and confirm dental lab (Pre-schedule case)  
☐ Plan and sequence necessary appointments

**Lab Case Management**

☐ Take impression of, or digital scan of provisionals along with photographs  
☐ Send lab case (confirm all necessary models, impressions, photos, designs, etc. are included—a case checklist for technical aspects is recommended)  
☐ Confirm lab case return date (Due in office on: \_\_\_\_\_\_\_\_\_\_\_\_)  
☐ Inspect lab case upon return (a full check-in of all case details should be completed for accuracy—a detailed lab case check-in sheet is recommended)  
☐ Photograph and upload lab case return

**Seating & Finalization**

☐ Capture seat-day radiographs  
☐ Take seat-day photos  
☐ Review home care instructions and provide product information  
☐ Capture social media photo of smile on seat day (with patient consent)  
☐ Take post-op photos  
☐ Perform necessary bite adjustments  
☐ Capture professional Smile Studio photos (remind patient to dress for this!)  
☐ Request Google review from patient  
☐ Record video testimonial (with patient consent)  
☐ Take final upper and lower digital scans  
☐ Review, sign, and scan treatment warranty  
☐ Reinforce home care instructions (provide written copy as well)

**Next Visit (NV) Planning**

☐ Schedule follow-up visit  
☐ Confirm patient understands post-op care  
☐ Check occlusion at follow-up appointment  
☐ Discuss any remaining treatment needs

**Special Notes / Patient Goals:**