



New Zealand Academy of Cosmetic Dentistry
Smile Gallery Competition Entry Form

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|------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------|
| Entrant's Name | | |
| Dental Practice or Laboratory Name | | |
| Postal Address | | |
| Daytime Phone | | |
| Details of partnering Dentist or Ceramist (in cases with indirect restorations) | | |
| Description of treatment provided <i>(eg. Materials & techniques used... Preparation, Bonding, Cementation, Finishing)</i> | | |
| Photographic details | | |
| Camera Type (Circle one) | Film | Digital |
| Camera Make & Model | | |
| Media Details ie. Film used or memory type used | | |
| Lens used | | Flash/Lighting used |
| Camera settings (Circle one) | Automatic | Manual |
| ISO | Aperture | Shutter speed |
| Printer type (Circle one) | | |
| Inkjet | Dye-sublimation | Photo-house processing |
| Printer details & paper details (ie. brand names) | | |
| | | |

Checklist: Completed Entry Form "Before" Photograph "After" Photograph