

DOCTOR INFORMATION

Doctor Last Name: <input type="text"/>	Address 1: <input type="text"/>
Doctor First Name: <input type="text"/>	Address 2: <input type="text"/>
License #: <input type="text"/>	City: <input type="text"/>
Phone #: <input type="text"/>	State: <input type="text"/> Zip: <input type="text"/>
Fax #: <input type="text"/>	Country: <input type="text"/>
Email Address: <input type="text"/>	Website: <input type="text"/>

PATIENT INFORMATION

Patient Last Name: <input type="text"/>	Patient First Name: <input type="text"/>
Age: <input type="text"/>	Patient Sex: <input type="radio"/> Male <input type="radio"/> Female

CASE/PRODUCT INFORMATION

	ARCHES		IMPLANTS		
	Upper	Lower	Upper	Lower	
AvaDent Digital Denture (2 Appts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AvaDent Advanced Try-In (ATI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AvaDent Immediate Denture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AvaDent Verification Reduction Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AvaDent Immediate Provisional Denture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AvaDent Base Plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AvaDent Scanning Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*AvaDent Cut Away Hybrid Denture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMING SOON!

NOTE: For implant cases, take impression with housings in place, then remove and keep housings.

AESTHETIC MEASUREMENTS

Tooth Guide Size (tooth width) <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	Gingival Height (tooth height) <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Bite Plane # <input type="text"/>
--	---	---

TOOTH SELECTION

				Mould # (Optional) ¹		
				Anterior	Posterior	
Standard	Ivoclar - IvoStar/GnathoStar	<input type="radio"/> Anatomical	--	--	<input type="text"/>	<input type="text"/>
Premium²	Dentsply - Portrait IPN	<input type="radio"/> Anatomical	<input type="radio"/> Lingualized	<input type="radio"/> Flat on Flat	<input type="text"/>	<input type="text"/>
	Ivoclar - BlueLine	<input type="radio"/> Anatomical	<input type="radio"/> Lingualized	<input type="radio"/> Flat on Flat	<input type="text"/>	<input type="text"/>

TOOTH SHADE

Vita®	<input type="text"/>
Chromascope®	<input type="text"/>
Bioform®	<input type="text"/>

BASE ACRYLIC SHADE

- Dentsply - Lucitone 199: Original
- Dentsply - Lucitone 199: Light
- Dentsply - Lucitone 199: Custom
- Dentsply - Lucitone 199: Dark Pink
- Keystone - Diamond D HC: Original
- Keystone - Diamond D HC: Light
- Keystone - Diamond D HC: Dark Veined
- Ivoclar - ProBase Hot: Light

ADDITIONAL OPTIONS

	Yes	No
Include Stippling?	<input type="radio"/>	<input type="radio"/>
Include Natural Rugae?	<input type="radio"/>	<input type="radio"/>
Add Posterior Palatal Seal? ³	<input type="radio"/>	<input type="radio"/>
Add Full Buccal Roll? ³	<input type="radio"/>	<input type="radio"/>
Name Engraved on Final?	<input type="radio"/>	<input type="radio"/>
Frenum depth to match impression?	<input type="radio"/>	<input type="radio"/>
If "No", Please specify depth:	<input type="text"/>	

NOTE: By default, your AvaDent WILL feature:

1. upper anterior stippling
2. natural rugae on the lingual side of the palate
3. engraved patient name

And WILL NOT have a posterior palatal seal or a full buccal roll, unless specified above.

PHOTO COMMUNICATIONS

With final AMD in the mouth, please supply close-up photos of smile, lips at rest and biteplane. (profile & front views)

- Photos included Photos emailed to: photo@avadent.com

ORDER INFORMATION

Today's Date:

Due Date:⁴

- Digital Preview** - Provide me with a FREE Digital Preview for approval.
NOTE: Case will proceed only upon receipt of your approval via email.
- Duplicate AvaDent** - Send me a duplicate AvaDent (i.e., spare denture).
NOTE: Duplicate will be sent AFTER your approval of the first denture.

Notes:

Signature:

FINAL CHECKLIST

- Disinfected Impression(s)
- Disinfected AMD
- Completed Prescription
- Patient Photos (included or emailed)



Global Dental Science, LLC
15730 N 83rd Way, Suite 101 • Scottsdale, AZ 85260
p 855-282-3368 • f 480-471-8763
customerservice@globaldentalscience.com
www.avadent.com

¹ AvaDent selects a mould based on measurements you provide. You may also indicate specific moulds from our library.

² There is an additional charge for premium teeth.

³ Please clearly mark the extent of those features on your impressions and indicate the desired depth and/or design of the posterior palatal seal in the Notes section.

⁴ Due Date must be at least 14 calendar days after your shipping date. Digital Preview delays or prescription problems may result in longer processing time. Schedule patient's next visit accordingly.