

DOCTOR INFORMATION

Last Name: _____ License #: _____
 First Name: _____ Email: _____
 Phone #: _____ Website: _____
 Fax #: _____

SHIPPING ADDRESS:

BILLING ADDRESS:

Same as Shipping Address

Address 1: _____ Address 1: _____
 Address 2: _____ Address 2: _____
 City: _____ City: _____
 State: _____ Zip/Postal Code: _____ State: _____ Zip/Postal Code: _____
 Country: _____ Country: _____





PATIENT INFORMATION

Last Name: _____
 First Name: _____
 Age: _____ Sex: Male Female

ORDER INFORMATION

Today's Date: _____ Due Date:¹ _____
Digital Preview - Provide me with a Digital Preview for approval.
NOTE: Case will proceed only upon receipt of your approval.
 Notes: _____

AESTHETIC MEASUREMENTS

Tooth Width	Tooth Shape (Optional)	Tooth Height	Bite Plane* (if applicable)
Small		1	
Medium	 Square	2	
Large	 Triangular	3	
N/A	 Ovoid	N/A	

Signature: _____

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¹ 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.

CASE/PRODUCT INFORMATION

ARCHES		# OF IMPLANT LOCATOR POCKETS		PRODUCTS
Upper	Lower	Upper	Lower	
				Digital Denture (2-Appr)
				Advanced Try-In (ATI)
				Immediate Denture (AID)
				Bone Reduction Guide (ABRG)
				Fully-Milled Provisional Denture (APD) ¹
				Base Plate (ABP)
				Scanning Guide (ASG)
				Functional "Bouma" Try-In (ABTI)

Please include a Duplicate Denture with my order.
(Additional charges WILL apply.)

NOTE: For implant cases, take impression with housings in place, then remove and keep housings for chair-side pick-up.

ADDITIONAL OPTIONS

Yes No S = Standard

S Include Stippling?

S Include Natural Rugae?

S Add Posterior Palatal Seal?²

S Add Custom Staining?²

S Name Engraved on Final?

S Frenum depth to match impression?

If "No", Please specify depth:

BASE ACRYLIC SHADE

AvaDent® Light
AvaDent® Original
AvaDent® Dark
Lucitone® 199 Dark Pink

FINAL CHECKLIST

Disinfected Records
Completed Prescription
Patient Photos (included or emailed)

PHOTO COMMUNICATIONS

Please supply close-up photos of smile, lips at rest and biteplane. (profile & front views)

Photos included

Photos emailed to: customerservice@globaldentalscience.com

TOOTH SPECIFICATIONS

Select in order: TOOTH → OCCLUSION → SHADE → MOULD# (Optional)⁵

Premium ³ Standard	Ivoclar - IvoStar/GnathoStar ⁴	Anatomical		Anterior
	Dentsply - Classic			
	Dentsply - Portrait IPN	Lingualized		Posterior
	Ivoclar - BlueLine	Flat on Flat		



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¹ Tooth options for the AvaDent Provisional Denture are limited to Dentsply for shape and Vita A1, A2, A3.5, B1, BL3, C1 for shades.

² 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.

³ There is an additional charge for premium teeth.

⁴ Ivoclar - IvoStar tooth selection is only available with "Anatomical" occlusion.

⁵ AvaDent selects a mould based on measurements you provide. You may also indicate specific moulds from our library.