

DOCTOR INFORMATION

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

SHIPPING ADDRESS:

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

BILLING ADDRESS:





Same as Shipping Address

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

PATIENT INFORMATION

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

AESTHETIC MEASUREMENTS

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

TOOTH SPECIFICATIONS – Fully-Milled Teeth¹

VITA Tooth Shade		Occlusion	Mould # ¹	
A1	B1	Anatomical	Anterior	Posterior
A2	OM3	Lingualized		
A3.5	C1	Flat on Flat		

ACRYLIC BASE

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

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

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¹ All teeth are fully-milled, mould types are similar to Dentsply Portrait IPN.

IMPLANT INFORMATION

of Implants:

Brand:

Implant Type:

Fixed-Detachable

Removable Over-Denture

FIXED-DETACHABLE INFORMATION

Bar Type: Wrap-Around

Montreal

Tissue Clearance:

No

Yes _____mm

Fixed-Detachable Package Selection:

Arches:
Upper Lower

Package Contents:



	APD	ASG	NSG	ABRG	AOLS	ACD	AVJ	AIRD	AHTI	AHP
1 - Guided Surgery Package	✓	✓	✓	X	⬡	✓	✓	✓	⬡ -Upper -Lower	✓
2 - Freehand Surgery Package	✓	⬡ -Upper -Lower	X	✓	⬡	X	✓	⬡ -Upper -Lower	⬡ -Upper -Lower	✓
3 - Freehand Surgery Package w/Hybrid Try-In	✓	⬡ -Upper -Lower	X	✓	⬡	X	X	X	✓	✓
4 - Final Fully Milled Hybrid Prosthesis	X	X	X	X	X	X	X	X	✓	✓
5 - Re-Tread of Existing Final Hybrid Prosthesis	X	X	X	X	X	X	X	X	X	✓
6 - Minimal Surgery Package	✓	X	X	X	X	X	X	X	X	✓

KEY: APD = AvaDent Provisional Denture ABRG = AvaDent Bone Reduction Guide AIRD = AvaDent Implant Record Device
 ASG = AvaDent Scanning Guide AOLS = AvaDent Occlusal Locking Splint AHTI = AvaDent Hybrid Try-In
 NSG = Nobel Scanning Guide ACD = AvaDent Conversion Denture AHP = AvaDent Hybrid Prosthesis

✓ = Included in Package ⬡ = Optional Item (CAN be added to package) X = NOT Included in Package (CANNOT be added to package)

OVER-DENTURE INFO

Bar Type:

U-Dolder

Hader

Locator

O-Ball

ERA

FINAL CHECKLIST

Disinfected Records

Completed Prescription

Patient Photos (included or emailed)

ORDER INFORMATION

Today's Date:

Notes:

Due Date:¹

Digital Preview:

Provide me with a Digital Preview for approval.

(NOTE: Case will proceed only upon receipt of your approval.)

Signature:



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 Scottsdale, AZ 85260
 p 855-282-3368 • f 480-471-8763
 customerservice@globaldentalscience.com
 www.avadent.com

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.