# AvaDent Digital Dental Solutions
## Implant Order Form
### Removable Overdenture + Others

Always attach the AvaDent Digital Dental Solutions Order Form.

### DETAILS
- **Patient Case Number** *(To be filled in by GDS):*
- **First name:**
- **Last name:**
- **Patient / internal reference number:**

### IMPLANTS
- **Amount:**
- **Brand:**
- **Type:**

### PLATFORM
- **Abutment-level**
- **Implant-level**

### DENTATE GUIDED WORKFLOW
- **Optional**
  - Immediate Denture
  - Bone Reduction Guide *(optional)*
  - Implant Record Device + Jig
  - HTI
  - Wrap Around
  - Montreal

### DENTATE FREEHAND WORKFLOW
- **Optional**
  - Immediate Denture
  - Conversion Denture
  - Implant Record Device + Jig
  - HTI
  - Wrap Around
  - Montreal

### EDENTULOUS GUIDED WORKFLOW
- **Optional**
  - Bone Reduction Guide *(optional)*
  - Order Implant Guide at Your Implant Company
  - Conversion Denture
  - Implant Record Device + Jig
  - HTI
  - Wrap Around
  - Montreal

### EDENTULOUS FREEHAND WORKFLOW
- **Optional**
  - Bone Reduction Guide *(optional)*
  - Conversion Denture
  - Implant Record Device + Jig
  - HTI
  - Wrap Around
  - Montreal

### SKETCH OF SITUATION + COMMENTS
## REMOVABLE OVERDENTURES

- **O-Ball** *(Please fill in the following specifications: 7, 11)*
- **Locator** *(Please fill in the following specifications: 7, 11)*
- **Hader Bar** *(Please fill in the following specifications: 1, 2, 3, 4, 8, 9, 10)*
- **U-Dolder Bar** *(Please fill in the following specifications: 1, 2, 3, 4, 5, 6, 9, 10)*
- **Egg-Dolder Bar** *(Please fill in the following specifications: 1, 2, 3, 4, 5, 6, 9, 10)*
- **Standard Conical Bar** *(Please fill in the following specifications: 1, 3, 7, 10, 11)*
- **Custom Conical Bar** *(Please fill in the following specifications: 1, 3, 7, 10, 11)*
- **Ackerman Bar** *(Please fill in the following specifications: 1, 3, 4, 9, 10)*
- **Snap-Pin Bar** *(Please fill in the following specifications: 1, 3, 10)*
- **Custom Non-Hybrid Bar** *(Please fill in the following specifications: 1)*
- **Accelerset** *(Please fill in the following specifications: 7, 3, 10)*

## SPECIFICATIONS

1. **Re-use Existing Bar**  
   - Yes  
   - No
2. **Clips**  
   - Gold  
   - Palladium  
   - Titanium  
   - No  
   - Fixate: yes/no
3. **Screws**  
   - Authentic  
   - Replica  
   - No
4. **Sealing Caps**  
   - Supra  
   - No
5. **Spacer/Dolder**  
   - Yes  
   - No
6. **Dolder Size**  
   - Micro  
   - Macro
7. **Type of Locator/O-Ball Attachments:**
8. **Use Gingiva for Structure**  
   - Yes  
   - No
9. **Effective Extension Length in mm:**
10. **Space Between Gingiva and Structure in mm:**
11. **Amount of Locators/O-Ball Attachments:**

## EXTRA CHECKLIST

- Implant Order Form completed
- AvaDent Order Form attached

## SKETCH OF SITUATION + COMMENTS