

DOCTOR INFORMATION

Today's Date:

Purchase Order #:

Company or University Name:

Last Name:

First Name:

Phone #:

License #:

Email:

Digital Preview: ALL CASES REQUIRE A DIGITAL PREVIEW APPROVAL PRIOR TO FINAL PRODUCTION. PLEASE ENTER YOUR EMAIL ADDRESS ABOVE!

SHIPPING INFORMATION

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

First Name:

Last name:

Patient number/internal reference:

Date of birth:

Male Female

AVAMETER READINGS¹

Papillameter Measurements

B.3. Lipline at rest (in mm):

B.4. Lipline at smile (in mm):

Face Dimensions

B.5. Maximum Ala Dimension (in mm):

B.6. Interpupillary Dimension (in mm):

¹ Check Wagner EZ Guide Protocol for further instructions

WTI ADDITIONAL VALUES (optional)

Gingival Exposure WTI at Smile (in mm):

Incisal Exposure WTI at Rest (in mm):

TEETH MOULD² (optional)

Front:

Posterior:

Apply Signature Teeth (only when using XCL)

Yes No

² For a complete list of tooth moulds please see AvaDent.com

S = standard

TOOTH SHADE

Color³:

³ Bonded: all Vita Classic A-D colors and Candulor TCR Resin: J1, J2, M2, M3 and S2.
Milled: AvaDent XCL-colors: BN00, BN10, BN20, BN30, BN35, YW10, GY10, GY20 and RD20
For a complete list of available colors please visit www.avadent.com

OTHER INSTRUCTIONS / NOTES

CHECKLIST

- Disinfected Impressions
- This form

SIGNATURE

Shipping date:

Completed by: