

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 THE EMAIL ADDRESS FOR YOUR DIGITAL PREVIEW ABOVE.

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:

PATIENT INFORMATION

First Name: Last Name:

Gender: Male Female Age:

AESTHETIC MEASUREMENTS

Tooth Width	Tooth Height	Occlusal Plane* (if applicable)
<input type="radio"/> Small	<input type="radio"/> 1	<input type="text"/>
<input type="radio"/> Medium	<input type="radio"/> 2	
<input type="radio"/> Large	<input type="radio"/> 3	
<input type="radio"/> N/A	<input type="radio"/> N/A	<input type="text"/>

Horizontal Occlusal Plane Number®

DOCTOR APPROVAL

Send Replenishment Materials: Yes No

Notes:

Signature:

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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standard Digital Denture <i>(manufacturer's teeth)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	XCL-1 Digital Denture <i>(milled teeth)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	XCL-2 Digital Denture <i>(milled teeth)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advanced Try-In
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Functional "Bouma" Try-In <i>(package includes future XCL denture)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immediate Denture <i>(manufacturer's teeth)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immediate XCL-1 Denture <i>(milled teeth)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immediate XCL-2 Denture <i>(milled teeth)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone Reduction Guide <i>(with teeth)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone Reduction Guide <i>(without teeth)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scanning Guide
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Base Plate

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
- Include Stippling?
- Include Natural Rugae?
- Add Posterior Palatal Seal?²
- Add Custom Staining? *(additional charges apply)*
- Name Engraved on Final?
- Frenum depth to match impression?
If "No", Please specify depth: _____
- Include Windows on Bone Reduction Guide?
- Follow Impression Vestibule Anatomy?
- S = Standard

BASE ACRYLIC SHADE

- AvaDent® Light
- AvaDent® Original
- AvaDent® Dark
- AvaDent® Extra Dark

FINAL CHECKLIST

- Disinfected Records
- Completed Prescription
- Patient Photos (included or emailed)

PHOTO COMMUNICATIONS

Please supply close-up photos of smile, lips at rest and occlusal plane ruler. (Profile and Front views)

- Photos included
- Photos emailed to:
customerservice@globaldentalscience.com



global dental science

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

TOOTH SPECIFICATIONS

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

Standard	<input type="radio"/> Ivoclar - IvoStar/GnathoStar ⁴ <input type="radio"/> Dentsply - Classic	<input checked="" type="checkbox"/> Anatomical <input type="checkbox"/> Lingualized <input type="checkbox"/> Flat on Flat S = Standard	Manufacturer's Teeth - Vita Shade <input type="text"/>	Anterior <input type="text"/> Posterior <input type="text"/>
	<input type="radio"/> Dentsply - Portrait IPN <input type="radio"/> Ivoclar - BlueLine <input type="radio"/> Candolor		XCL - Fully Milled / Functional Bouma Shade ¹ <input type="radio"/> BN10 <input type="radio"/> BN35 <input type="radio"/> GY10 <input type="radio"/> BN20 <input type="radio"/> YW10 <input type="radio"/> GY20 <input type="radio"/> BN30 <input type="radio"/> YW20 <input type="radio"/> RD20	

¹ Tooth shade information can be found online at www.avadent.com.

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. Candolor teeth will be slightly higher than Premium.

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.