



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

SUPRA
SOLUTIONS

AVA DENT®
Digital Dental Solutions

Always attach the AvaDent Digital Dental Solutions Order Form.

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)
- ☐ Acceleraset™ (Please fill in the following specifications: 7, 3, 10)

IMPLANTS

Amount:

Brand:

Type:

PLATFORM

☐ Abutment-level

☐ Implant-level

SPECIFICATIONS

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

SKETCH OF SITUATION + COMMENTS

AvaDent® Digital Dental Solutions
Implant Order Form
Fixed Hybrids

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Digital Dental Solutions

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DENTATE GUIDED WORKFLOW

Optional

☐ Immediate Denture

☐ Scan Denture (optional)

☐ Bone Reduction Guide (optional)

Order Implant Guide at Your Implant Company

☐ Conversion Denture

☐ Implant Record Device + Jig

Optional

☐ HTI

☐ Wrap Around

☐ Montreal

DENTATE FREEHAND WORKFLOW

Optional

☐ Immediate Denture

☐ Bone Reduction Guide (optional)

☐ Conversion Denture

☐ Implant Record Device + Jig

Optional

☐ HTI

☐ Wrap Around

☐ Montreal

EDENTULOUS GUIDED WORKFLOW

☐ Bone Reduction Guide (optional)

Order Implant Guide at Your Implant Company

☐ Conversion Denture

☐ Implant Record Device + Jig

Optional

☐ HTI

☐ Wrap Around

☐ Montreal

EDENTULOUS FREEHAND WORKFLOW

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☐ Conversion Denture

☐ Implant Record Device + Jig

Optional

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☐ Montreal

IMPLANTS

Amount:

Brand:

Type:

PLATFORM

☐ Abutment-level

☐ Implant-level

EXTRA CHECKLIST

☐ Implant Order Form completed

☐ AvaDent Order Form attached

SKETCH OF SITUATION + COMMENTS