

AvaDent® Digital Dental Solutions Try-In Processing Request



DETAILS PRACTITIONER

Doctor:

Report Date:

Patient:

Reference #

Date of birth:

Try-In: ATI BTI

HAVE YOU MADE, OR ARE YOU REQUESTING ANY CHANGES?

No changes I have modified the physical Try-In

Please indicate what modifications you have made:

I would like additional adjustments* And a new digital preview

Please describe:

* We encourage you to make all necessary changes on the Try-In at the time of try in.

Some modifications will result in a price increase. There is no additional cost for tooth re-positioning. If you use ATI Try-In, an additional charge will be asked for mould selection, mould shade, base shade or other changes.

If you have any questions, please contact our Customer Service

WHAT WOULD YOU LIKE TO RECEIVE NEXT?

New, modified Try-In Finished AvaDent

OTHER INSTRUCTIONS / NOTES

PLEASE INCLUDE IN YOUR SHIPMENT

Disinfected Try-In Disinfected bite registration This form

SIGNATURE

Shipping date:

Completed by: