

DETAILS PRACTITIONER

Name Of Practice:

Name Of Practitioner:

Full address:

DENTAL LAB / TTP DETAILS

INVOICE ADDRESS

SHIPPING ADDRESS

Lab/TPP:

Lab/TPP:

Contact:

Full address:

Full address:

Phone:

Phone:

E-mail:

E-mail:

PATIENT IDENTIFICATION

Only mention the last name, patient / internal reference number or initials in connection with the General Data Protection Regulation (AVG).
NOT: full name and date of birth

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 available tooth models please visit www.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

PLEASE INCLUDE IN YOUR SHIPMENT

Disinfected Impressions

This form

SIGNATURE

Shipping date:

Completed by: