

# 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: