

DETAILS PRACTITIONER

Name Of Practice:

Name Of Practitioner:

Full address:

DENTAL LAB / TTP DETAILS

INVOICE ADDRESS

SHIPPING ADDRESS

Lab/TTP:

Lab/TTP:

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

PRODUCT

Product

CORE

AvaDent CORE (outsource)

SHARE

AvaDent SHARE (insource)

DENTURE

Digital Dentures

Upper

Lower

AvaDent Digital Dentures

AvaDent Spare Dentures (in combination with AvaDent Digital Dentures)

AvaDent Implant Dental System (a.o. locators, ball, bar and steg, hybrids)

(Also fill out the AvaDent Implant Order Form)

AvaDent Immediate Dentures

Extraction date: _____

Try-ins

Upper

Lower

Advanced Try-in (ATI, only bonded)

Biofunctional Try-in (BTI)

Front Try-in (FTI)

Wagner Try-in (WTI)

Fill out the Wagner Try-In Orderform for a WTI

Others

Upper

Lower

Upper

Lower

AvaDent Base Plate

AvaDent Obturator

OCCUSAL SCHEMES

Anatomical

Lingualized

Flat-on-flat

TOOTH SHAPE

	Bonded	XCL-1 (fully milled)	XCL-2 (fully milled)
Candulor® TCR Resin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candulor® NFC+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ivoclar Vivadent® SR Vivodent® DCL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dentsply® Portrait® IPN®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MODEL NUMBER² (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-1 colors: See AvaDent XCL-1 Shade Tabs. Milled XCL-2* colors: A1, A2, A3, A3.5, B1, B2, C1, C2, D2 en OM3. For a complete list of available colors please visit www.avadent.com

DENTURE BASE COLOUR

- AvaDent Light (V3) AvaDent Medium (V10)
 AvaDent Original (V-original) AvaDent Extra Dark (V250-V2)
 AvaDent Standard (V5)

EXTRA OPTIONS⁴

YES *S = standard* NO

	YES	<i>S = standard</i>	NO
Finished	<input checked="" type="checkbox"/> S		<input type="checkbox"/>
Root eminence (1=Light, 2=Medium, 3=Heavy)	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2S	<input checked="" type="checkbox"/> 3
Copy of mimic gingiva	<input type="checkbox"/>		<input checked="" type="checkbox"/> S
Include stippling	<input checked="" type="checkbox"/> S		<input type="checkbox"/>
Including natural rugae	<input checked="" type="checkbox"/> S		<input type="checkbox"/>
Add posterial palatal seal ⁵	<input type="checkbox"/>		<input checked="" type="checkbox"/> S
Full buccal roll ⁵	<input checked="" type="checkbox"/> S		<input type="checkbox"/>
Name engraved	<input checked="" type="checkbox"/> S		<input type="checkbox"/>
Gum staining	<input type="checkbox"/>		<input checked="" type="checkbox"/> S
Frenum depth to match impression*	<input checked="" type="checkbox"/> S		<input type="checkbox"/>









* If "No", please provide the amount of space:

⁴ Without further information the AvaDent will be finished and **WILL** contain the following:
• Matted aspect in the frontal part of the upper denture • Natural rugae on the lingual side of the palate • A full buccal roll (except immediate dentures) • An engraved name • Frenulum shaping according to impression

⁴ Without further information the AvaDent **WILL NOT** contain:
• A copy of mimic gingiva • A posterial palatal seal • Gum staining

⁵ Please indicate clearly on your impression(s) the outline of these functions including the expected height and / or the course of the posterial palatal seal in the notes.

FRONT-ESTHETICS

- Follow reference denture/records
 G 
- Follow natural dentition (in case of an immediate denture)
 H 
- Regular setup
 F 
- Move laterals to palatal
 D 
- Flare central incisors
 B 
- Rotate 2.1 with small overlap
 E 
- Small diastemata between all anteriors
 C 
- Rotate lateral incisors
 A 

BRIEF TREATMENT DESCRIPTION

PHOTOS

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.eu

ORDER INFORMATION

Shipping date:

Due date:

Note: We need 8 working days to produce your project. You will receive a digital preview within 6 working days. Please review this preview on the day of entry before 15.00. After approving the digital preview we will manufacture the workpiece within 8 days. In the event of an intervening laboratory; please take an extra shipping day into account.

Return shipments are send by UPS.

NOTES

SIGNATURE

CHECKLIST

- Disinfected records Disinfected bite records
 Order form completely filled Photos of the patient (attached or emailed)