Case Information

For cases outside our local delivery area, please allow two days shipping each way. Refer to our lead time schedule for specific production times.

Doctor's Name _____

Cell Phone _____

Evolve Client Name (if different) _____

Practice Phone _____

License Number _____

Email _____

Case Instructions

Patient Name _____

Age _____ Gender M / F

Date Sent _____

Date Due _____

Notes:

Doctor's Signature _____

Embracing Technology
Enhancing Dentistry

Evolution Dental Science
235 Aero Drive
Buffalo, NY 14225
· · · ·
ph: 716-839-8008
tf: 888-839-8006
· · · ·
evolutiondental.net
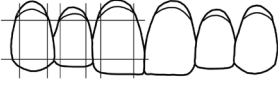
Teeth To Be Restored

R   Upper   L

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

R   Lower   L

Shade Chart

Case Details

Shade Desired	Posterior-Occlusal Characterization

Items Sent

- [ ] Bite
- [ ] Impressions
- [ ] Opposing Model
- [ ] Study Model
- [ ] Pictures
- [ ] Digital Photo Card
- [ ] Implant Parts

*Upload Files to Evolve Account

☐ Fixed

Restorations
- [ ] Full Contour Zirconia
- [ ] e-max® Full Contour
- [ ] Maryland Bridge (___ ceramic ___ metal)
- [ ] Full Contour Veneer

Pontic Design

Default

Layered Restorations
- [ ] Layered Porcelain to Metal (PFM)
- [ ] Porcelain to Zirconia (PFZ)
- [ ] e-max® Layered
- [ ] Layered Veneer

Core Type
- [ ] Base Alloy
- [ ] High Noble Alloy
- [ ] Noble Alloy

☐ Implants

☐ *e* Conventional Implants

Manufacturer: _____

Size: _____   Type: _____

- [ ] Oral Surgery Report Required When Available
- [ ] CBCT or Pan Required

- [ ] MDI (Mini Dental Implants)

e·mdi™
The Evolution of Restorative Technology

Required Records:
· Polyvinyl or Rubber based impression
· Bite Registration
· X-Ray

Restorations
- [ ] Full Contour Zirconia
- [ ] Porcelain to Zirconia (PFZ)
- [ ] Porcelain to Metal (PFM)
- [ ] e-max®
- [ ] *e*-Temps™

☐ Removable

Partial Frameworks
- [ ] Upper
- [ ] Lower
- [ ] Strengthening Bar Frame
- [ ] WW Clasp

Trial Type
- [ ] Frame Only
- [ ] Frame & Bite Blocks
- [ ] Frame & Set-Up
- [ ] Frame, Set-Up & Finish

Dentures
- [ ] Custom Tray
- [ ] Base Plate/Rim
- [ ] Set-Up/Try-In
- [ ] Set-Up Inspection
- [ ] Set-Up/Finish
- [ ] AvaDent *Please use AvaDent specific Rx*

Core Type
- [ ] Ivocap® Injection
- [ ] Flexible Dental Resin
- [ ] Pink Fibered
- [ ] Brunette
- [ ] Flexible Clasps (___ Pink ___ Clear)

Denture Teeth
- [ ] Ivostar
- [ ] Vivodent PE

Mold
Ant. _____
Post. _____

- [ ] Other _____

Payment Method

- [ ] Credit Card on File
- [ ] Credit Card
- [ ] Check Enclosed (Payable to Evolution Dental Science)
- [ ] Charge to Account (Requires Account Set-Up)

VISA MasterCard American Express DISCOVER
Circle Card Type

Credit Card #: _____   Exp. Date: _____   Security Code: _____

Payment due upon receipt. All accounts reviewed, and billed accordingly on monthly basis.

Request Supplies/Information

- [ ] Contact Doctor
- [ ] Send Shipping Labels
- [ ] Send Boxes
- [ ] Send Lab Information
- [ ] Send Rx Forms