



Embracing Technology
Enhancing Dentistry

Evolution Dental Science
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...
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Enhanced by
evolve
Driving Dentistry Digital

Doctor 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

smART Denture 3D Printed/Denture

NOW AVAILABLE

I'd like to receive more information about smART Dentures

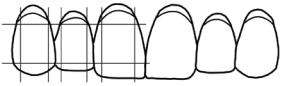
TRY OUR NEW 3D PRINTED DIGITAL DENTURE!

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		

Fixed

Shade Chart



Shade _____

I sent a picture of desired shade to caseentry@evolutiondental.net

Implants

Restorations

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

Special Notes

Layered Restorations

- Porcelain to Zirconia (PFZ)
- e-max[®] Layered
- Layered Veneer
- Other _____

Restorations

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

Other: _____

- Sent .DICOM File
- Sent .STL File
- Create a Surgical Guide
- Recommend Implant Size
- Request Treatment Plan Meeting

Manufacturer: _____

Size: _____ Type: _____

- Provide Implants with Restoration
- Provide Attachment
- Provide Drill

Items Sent

<input type="checkbox"/> Bite	<input type="checkbox"/> Impressions
<input type="checkbox"/> Opposing Model	<input type="checkbox"/> Study Model
<input type="checkbox"/> Pictures	<input type="checkbox"/> Digital Photo Card
<input type="checkbox"/> Implant Parts	

*Upload Files to Evolve Account

Removable

Partial Frameworks

<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> Strengthening Bar Frame	<input type="checkbox"/> WW Clasp

Trial Type

<input type="checkbox"/> Frame Only	<input type="checkbox"/> Frame & Bite Blocks
<input type="checkbox"/> Frame & Set-Up	<input type="checkbox"/> Frame, Set-Up & Finish

Dentures

<input type="checkbox"/> Custom Tray	<input type="checkbox"/> Base Plate/Rim
<input type="checkbox"/> Set-Up/Try-In	<input type="checkbox"/> Set-Up Inspection
<input type="checkbox"/> Set-Up/Finish	<input type="checkbox"/> AVADENT [™] <small>*Preferred. Ask us for Avadent Rx</small>

Core Type

<input type="checkbox"/> Ivocap [®] Injection	<input type="checkbox"/> Flexible Dental Resin
<input type="checkbox"/> Pink Fibered	<input type="checkbox"/> Brunette
<input type="checkbox"/> Flexible Clasps (___ Pink ___ Clear)	

Denture Teeth

<input type="checkbox"/> Ivostar	Mold
<input type="checkbox"/> Vivodent PE	Ant. _____
	Post. _____

Other _____

Request Supplies/Information

<input type="checkbox"/> Contact Doctor	<input type="checkbox"/> Send Shipping Labels
<input type="checkbox"/> Send Boxes	<input type="checkbox"/> Send Lab Information
<input type="checkbox"/> Send Rx Forms	<input type="checkbox"/> _____