



Embracing Technology
Enhancing Dentistry

Evolution Dental Science
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••••
evolutiondental.net

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



**CT SCANS FOR A MORE ACCURATE
IMPLANT DIAGNOSIS & TREATMENT**

NOW AVAILABLE BY APPOINTMENT

I'd like to receive more information about Evolution Imaging

Items Sent

Bite

Impressions

Opposing Model

Study Model

Pictures

Digital Photo Card

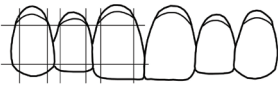
Implant Parts

*Upload Files to Evolve Account

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



Shade

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

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 *Preferred. Ask us for Avadent Rx

Core Type

Ivocap [®] Injection

Flexible Dental Resin

Pink Fibered

Brunette

Flexible Clasps (___ Pink ___ Clear)

Denture Teeth

Mold

Ivostar

Ant. _____

Vivodent PE

Post. _____

Other _____

Fixed

Restorations

Full Contour Zirconia


e-max [®] Full Contour

Maryland Bridge (___ ceramic ___ metal)

Full Contour Veneer

Pontic Design

Default



Layered Restorations

Porcelain to Zirconia (PFZ)

e-max [®] Layered

Layered Veneer

Other

Implants

Restorations

Full Contour Zirconia

e-max [®]

Porcelain to Zirconia (PFZ)

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

Request Supplies/Information

Contact Doctor

Send Shipping Labels

Send Boxes

Send Lab Information

Send Rx Forms
