Embracing Technology
Enhancing Dentistry

Evolution Dental Science
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• • • •
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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 _____

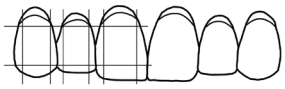
Notes:

Doctor's Signature _____

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
- ☐ CBCT Evaluation for Implantology
- ☐ Create a Surgery Giude
- ☐ Recommend Implant Size

Manufacturer: _____

Size:_____ Type: _____

☐ 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 *Preffered. Ask us for Avadent 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 (VISA, MasterCard, American Express, Discover) Circle Card Type ☐ Check Enclosed (Payable to Evolution Dental Science) ☐ Charge to Account (Requires Account Set-Up)

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 ☐ _____