

## DOCTOR INFORMATION

Doctor Last Name:	<input type="text"/>	Address 1:	<input type="text"/>
Doctor First Name:	<input type="text"/>	Address 2:	<input type="text"/>
License #:	<input type="text"/>	City:	<input type="text"/>
Phone #:	<input type="text"/>	State:	<input type="text"/> Zip: <input type="text"/>
Fax #:	<input type="text"/>	Country:	<input type="text"/>
Email Address:	<input type="text"/>	Website:	<input type="text"/>

## PATIENT INFORMATION

Patient Last Name:	<input type="text"/>	Patient First Name:	<input type="text"/>
Age:	<input type="text"/>	Patient Sex:	<input type="radio"/> Male <input type="radio"/> Female

## CASE/PRODUCT INFORMATION

	ARCHES		IMPLANTS		
	Upper	Lower	Upper	Lower	
AvaDent Digital Denture (2 Appts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AvaDent Advanced Try-In (ATI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AvaDent Immediate Denture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AvaDent Verification Reduction Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AvaDent Immediate Provisional Denture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AvaDent Base Plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AvaDent Scanning Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>*AvaDent Cut Away Hybrid Denture</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>COMING SOON!</b>

**NOTE: For implant cases, take impression with housings in place, then remove and keep housings.**

## AESTHETIC MEASUREMENTS

<b>Tooth Guide Size</b> (tooth width)	<input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large	<b>Gingival Height</b> (tooth height)	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Bite Plane #</b>	<input type="text"/>
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## TOOTH SELECTION

					Mould # (Optional) <sup>1</sup>	
					Anterior	Posterior
<b>Standard</b>	Ivoclar - IvoStar/Gnathostar	<input type="radio"/> Anatomical	--	--	<input type="text"/>	<input type="text"/>
<b>Premium<sup>2</sup></b>	Dentsply - Portrait IPN	<input type="radio"/> Anatomical	<input type="radio"/> Lingualized	<input type="radio"/> Flat on Flat	<input type="text"/>	<input type="text"/>
	Ivoclar - BlueLine	<input type="radio"/> Anatomical	<input type="radio"/> Lingualized	<input type="radio"/> Flat on Flat	<input type="text"/>	<input type="text"/>

### TOOTH SHADE

Vita®	<input type="text"/>
Chromascope®	<input type="text"/>
Bioform®	<input type="text"/>

### BASE ACRYLIC SHADE

- Dentsply - Lucitone 199: Original
- Dentsply - Lucitone 199: Light
- Dentsply - Lucitone 199: Custom
- Dentsply - Lucitone 199: Dark Pink
- Keystone - Diamond D HC: Original
- Keystone - Diamond D HC: Light
- Keystone - Diamond D HC: Dark Veined
- Ivoclar - ProBase Hot: Light

### ADDITIONAL OPTIONS

	Yes	No
Include Stippling?	<input type="radio"/>	<input type="radio"/>
Include Natural Rugae?	<input type="radio"/>	<input type="radio"/>
Add Posterior Palatal Seal? <sup>3</sup>	<input type="radio"/>	<input type="radio"/>
Add Full Buccal Roll? <sup>3</sup>	<input type="radio"/>	<input type="radio"/>
Name Engraved on Final?	<input type="radio"/>	<input type="radio"/>
Frenum depth to match impression?	<input type="radio"/>	<input type="radio"/>
If "No", Please specify depth:	<input type="text"/>	

**NOTE: By default, your AvaDent WILL feature:**

1. upper anterior stippling
2. natural rugae on the lingual side of the palate
3. engraved patient name

**And WILL NOT have a posterior palatal seal or a full buccal roll, unless specified above.**

### PHOTO COMMUNICATIONS

With final AMD in the mouth, please supply close-up photos of smile, lips at rest and biteplane. (profile & front views)

- Photos included       Photos emailed to: [customerservice@globaldentalscience.com](mailto:customerservice@globaldentalscience.com)

### ORDER INFORMATION

Today's Date:

Due Date:<sup>4</sup>

- Digital Preview** - Provide me with a FREE Digital Preview for approval.  
**NOTE: Case will proceed only upon receipt of your approval via email.**
- Duplicate AvaDent** - Send me a duplicate AvaDent (i.e., spare denture).  
**NOTE: Duplicate will be sent AFTER your approval of the first denture.**

Notes:

Signature:

### FINAL CHECKLIST

- Disinfected Impression(s)
- Disinfected AMD
- Completed Prescription
- Patient Photos (included or emailed)



**Ceratek Dental Laboratory**  
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<sup>1</sup> AvaDent selects a mould based on measurements you provide. You may also indicate specific moulds from our library.

<sup>2</sup> There is an additional charge for premium teeth.

<sup>3</sup> Please clearly mark the extent of those features on your impressions and indicate the desired depth and/or design of the posterior palatal seal in the Notes section.

<sup>4</sup> Due Date must be at least 14 calendar days after your shipping date. Digital Preview delays or prescription problems may result in longer processing time. Schedule patient's next visit accordingly.