

Evolution Denture Order Form



Practitioner Details

Dental Lab / TTP Details

Practice Name:

Client Name:

Full Address:

Practice/Lab:

Contact:

Full Address:

Shipping Address

Practice/Lab:

Contact:

Full Address:

Patient Name / Identification:

Phone:

Phone:

Email:

Email:

Basics

Denture Types

- Denture Tissue Borne
- Denture on Attachments

Smile Tray® Used

- Yes No

Try In Required

- Yes No
- Wax 3D Printed

Colouration

Denture Base Colour

- Light
- Standard
- Dark

Tooth Shade

- B1 C2
- A1 D3
- A2 BL1
- A3 BL2
- A3.5 BL3

Design

Occlusal Design

- Lingualized
- Anatomical
- Flat on Flat

Tooth Shape

- Ovoid
- Tapered
- Square
- Copy tooth shape (As Supplied)

Tooth Size

- Small Medium
- Large

Extra Options

- Finished
- Stippling
- Full Buccal Roll
- Gum Tinting
- Frenum Depth to follow impression
- Root Eminence
- Light Mid Dark
- Add Posterial Palatal Seal (Please Indicate on Impression)

Anterior Set Up



Regular



Small Diastema All Teeth



Laterals More Palatal



Small Distema Central Teeth Only



Flare Centrals



Rotated Laterals



Small Overlap

Bite class

- Edge to edge Class 2
- Class 1 Class 3

Additional Notes

Confirmation

Shipping Date: DD MM YY

Due Date: DD MM YY

Signature:

Ensure impressions and other records sent are disinfected prior to delivery.