

evolution dental

235 Aero Drive
Buffalo
New York 14225

1 - 888 - 839 - 8006

evolutiondental.net

Please Print or Type

Doctor's Name _____

Shipping Address _____

City _____ State _____ Zip _____

Phone _____

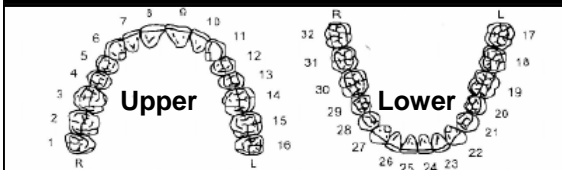
Patient Name _____

Age _____ Male Female

Date Sent _____ Date Due _____ * Please allow appropriate in lab time (plus 2 days shipping each way)

Items Sent: Bite Impressions Opposing Model Study Model
 Pictures/Digital Photo Card E-mail pictures to photos@evolutiondental.net

Case Design



Shade Desired

Hypo-Calcification



Posterior-Occlusal Characterization



Shade Chart



Fixed

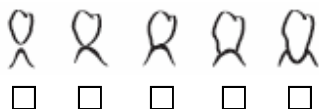
Restorations

- Porcelain to Metal (PFM)
- Porcelain to Zirconium (PFZ)
- Laminate Veneer
- Maryland Bridge ___ ceramic ___ metal
- Empress®
- e-max®
- Sculpture plus
- CapTek™/ AGC™

Buccal Gingival Collar

- Porcelain
- Minimal Metal Margin
- Regular Metal Margin
- Porcelain Butt

Pontic Design



Type Of Core

- Base Alloy
- Noble Alloy
- High Noble Alloy
- Yttrium Stabilized Zirconium

Case Instructions

Doctor's Signature

License Number

- Please Contact Dr. Please Send Boxes
- Please Send Rx's Please Send Labels

Removable

Partial Frameworks

- Upper Lower
- Strengthening Bar Frame
- Cast Clasp WW Clasp

Trial Type

- Frame Only
- Frame w/Bite Blocks
- Frame w/Set-Up
- Frame, Set-Up & Finish

Dentures

- Custom Tray
- Base Plate/Rim
- Set-Up/Try-In
- Set-Up/Inspection
- Set-Up/Finish

Posteriors

- 30° 20° 10°

Process

- Ivoclar/Success Injection
- Flexible Dental Resin
- Flexible Clasps ___ Clear ___ Tooth
- Pink Fibered
- Brunette

Denture Teeth

- Classic
- Blueline (Ivoclar)
- Other (please note)

Mold

Ant. _____
Post. _____

Andrew Jakson
Lee Culp, CDT

1 - 888 - 839 - 8006

White - Lab Copy

Yellow - Doctor Copy