

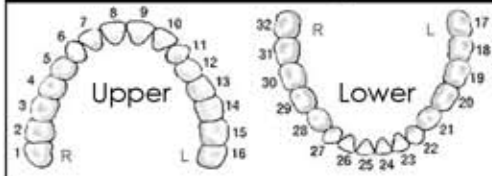
# evolution dental

235 Aero Drive  
Buffalo  
New York 14225

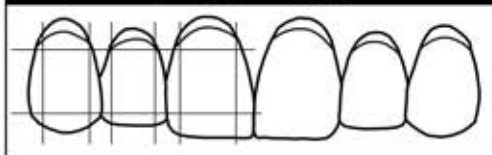
1-888-839-8006

evolutiondental.net



## Case Design



## Shade Chart



## Case Details

Tooth Number	Posterior-Occlusal Characterization 
Shade Desired	Hypo-Calcification 

## Fixed

### Restorations

- Porcelain to Metal (PFM)
- Porcelain to Zirconia (PFZ)
- Laminate Veneer
- Maryland Bridge \_\_\_\_\_ ceramic \_\_\_\_\_ metal
- Empress® / e-max®

### Buccal Gingival Collar

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

### Pontic Design



### Core Type

- Base Alloy
- Noble Alloy
- High Noble Alloy
- Yttrium Stabilized Zirconia

## Case Information

Doctor's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Date Sent \_\_\_\_\_

Date Due \_\_\_\_\_

Patient Name \_\_\_\_\_

Male

Age \_\_\_\_\_

Female

## Case Instructions

Additional Information on Reverse

Doctor's Signature \_\_\_\_\_

License Number \_\_\_\_\_

By signing, I agree to the terms on the back of this prescription.

**Allow approximately 8 days in lab  
(plus 2 days shipping each way)**

## Items Sent

- Bite
- Impressions
- Opposing Model
- Study Model
- Pictures
- Digital Photo Card
- E-mail photos to photos@evolutiondental.net



## MDI (Mini Dental Implant)

### Required Records

**Polyvinyl or rubber based Impression  
Bite registration  
X-ray**

### Restorations

- Porcelain to Metal (PFM)
- Empress®
- Porcelain to Zirconia (PFZ)
- e-temps™

### Implant Type

- O-Ball Classic
- O-Ball Collared
- Square Head Classic
- Square Head Collared

### Special Instructions

\_\_\_\_\_ # of Implants Requested (Maxillary)

\_\_\_\_\_ # of Implants Requested (Mandibular)

I would like to use:

- 1.8
- 2.1
- 2.4
- Give suggestion

## Removable

### Partial Frameworks

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

### Core Type

- Ivoclar Injection
- Flexible Dental Resin
- Flexible Clasps \_\_\_\_\_ Clear \_\_\_\_\_ Tooth
- Pink Fibered
- Brunette

### Denture Teeth

- Classic
- Blue-line (Ivoclar)
- Other (please note)

### Mold

Ant. \_\_\_\_\_  
Post. \_\_\_\_\_

## Payment Method

- Check/Money Order Enclosed (Make Payable to Evolution Dental)
- Credit Card



Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Sec. Code \_\_\_\_\_

(Circle Card Type)

## Supplies/Information

- Contact Doctor
- Please Send Boxes
- Please Send Rx's
- Please Send Shipping Labels
- Please Send Lab Information