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Patient's NAME: _____

MALE FEMALE AGE: _____ Order Date: _____

Doctor Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

DELIVER BY 5:00 PM ON: _____

AvaDent™ XCL Dentures:

ARCHES | IMPLANTS
 Upper Lower | Upper Lower

Digital XCL-1 Denture
 (fully milled, monolithic, single-layer tooth)

Digital XCL-2 Denture
 (fully milled, monolithic, dual-layer tooth)

AvaDent™ Tooth Shape:

- Milled Similar to Ivoclar BlueLine (SR Vivodent DCL)
- Milled Similar to Ivoclar Ivostar
- Milled Similar to Dentsply Portrait
- Milled Similar to Dentsply Classic
- Milled Similar to Candolor NFC
- Milled Similar to Candolor TCR

Please include a duplicate denture with my order.
Additional charges WILL apply.

ARCHES | IMPLANTS
 Upper Lower | Upper Lower

Immediate XCL-1 Denture
 (fully milled, monolithic, single-layer tooth)

Immediate XCL-2 Denture
 (fully milled, monolithic, dual-layer tooth)

Tooth Shade:

- BN10 YW10
- BN20 YW20
- BN30 GY10
- BN35 GY20
- RD20

Tissue Shade:

- AvaDent Light AvaDent Orig
- AvaDent Dark Lucitone 199 Dark Pink

AvaDent™ Digital Dentures:

ARCHES | IMPLANTS
 Upper Lower | Upper Lower

- Digital Denture
- Advanced Try-In
- Functional Try-In (Bouma)
- Immediate Denture**
- Bone Reduction Guide (with teeth)
- Bone Reduction Guide (no teeth)
- Scanning Guide
- Base Plate
- AvaDent-on-4**

Please include a duplicate denture with my order.
Additional charges WILL apply.

Additional Options: (S = Standard)

- | Yes | No | |
|------------------------------|------------------------------|---|
| <input type="checkbox"/> (S) | <input type="checkbox"/> | Include Stippling? |
| <input type="checkbox"/> (S) | <input type="checkbox"/> | Include Natural Rugae? |
| <input type="checkbox"/> | <input type="checkbox"/> (S) | Add Posterior Palatal Seal? |
| <input type="checkbox"/> | <input type="checkbox"/> (S) | Add Custom Staining? |
| <input type="checkbox"/> (S) | <input type="checkbox"/> | Name Engraved on Final? |
| <input type="checkbox"/> (S) | <input type="checkbox"/> | Frenum Depth to Match Impression?
If "No", Specify Depth: |
| <input type="checkbox"/> (S) | <input type="checkbox"/> | Include Windows on Bone Red. Guide? |
| <input type="checkbox"/> | <input type="checkbox"/> (S) | Follow Impression Vestibule Anatomy? |

SPECIAL INSTRUCTIONS:

Tooth:
Standard

- Ivoclar-IvoStar/Gnathostar
Only available with "Anatomical" occlusion.
- Dentsply-Classico

Premium

Additional charge for Premium Teeth. Candular teeth slightly higher than Premium.

- Dentsply-Portrait IPN
- Ivoclar-BlueLine
- Candolor

Occlusion:

- Anatomical (Standard)
- Lingualized
- Flat on Flat

Tooth Shade:

Manufacturers Teeth Vita Shade:

Tissue Shade:

- AvaDent Light
- AvaDent Orig
- AvaDent Dark
- Lucitone 199 Dark Pink

Mould#: (Optional)

Anterior: _____
 Posterior: _____

CALL ME - I would like to speak with _____

Signature _____ **Lic. #** _____

A finance charge will be applied to **ALL PAST DUE BALANCES**.
 Please **make a copy** of this signed script sheet for your records.

PLEASE SEND THE FOLLOWING:

- Shipping Labels
- Impression Bags
- Other: _____