



# AvaDent® Digital Dental Solutions Implant Order Form Removable Overdenture + Others

SUPRA  
SOLUTIONS

AVADENT®  
Digital Dental Solutions

Always attach the AvaDent Digital Dental Solutions Order Form.

## REMOVABLE OVERDENTURES

- O-Ball (Please fill in the following specifications: 7, 11)
- Locator (Please fill in the following specifications: 7, 11)
- Hader Bar (Please fill in the following specifications: 1, 2, 3, 4, 8, 9, 10)
- U-Dolder Bar  (Please fill in the following specifications: 1, 2, 3, 4, 5, 6, 9, 10)
- Egg-Dolder Bar  (Please fill in the following specifications: 1, 2, 3, 4, 5, 6, 9, 10)
- Standard Conical Bar (Please fill in the following specifications: 1, 3, 7, 10, 11)
- Custom Conical Bar (Please fill in the following specifications: 1, 3, 7, 10, 11)
- Ackerman Bar (Please fill in the following specifications: 1, 3, 4, 9, 10)
- Snap-Pin Bar (Please fill in the following specifications: 1, 3, 10)
- Custom Non-Hybrid Bar (Please fill in the following specifications: 1)
- Acceleraset™ (Please fill in the following specifications: 7, 3, 10)

## IMPLANTS

Amount:

Brand:

Type:

## PLATFORM

- Abutment-level       Implant-level

## SPECIFICATIONS

- |  |                                    |                                    |  |                             |                |
|--|------------------------------------|------------------------------------|--|-----------------------------|----------------|
| 1. Re-use Existing Bar                       | <input type="checkbox"/> Yes       | <input type="checkbox"/> No        |  |                             |                |
| 2. Clips                                     | <input type="checkbox"/> Gold      | <input type="checkbox"/> Palladium | <input type="checkbox"/> Titanium                    | <input type="checkbox"/> No | Fixate: yes/no |
| 3. Screws                                    | <input type="checkbox"/> Authentic | <input type="checkbox"/> Replica   | <input type="checkbox"/> No                          |                             |                |
| 4. Sealing Caps                              | <input type="checkbox"/> Supra     | <input type="checkbox"/> No        |  |                             |                |
| 5. Spacer/Dolder                             | <input type="checkbox"/> Yes       | <input type="checkbox"/> No        |  |                             |                |
| 6. Dolder Size                               | <input type="checkbox"/> Micro     | <input type="checkbox"/> Macro     | 9. Effective Extension Length in mm: _____           |                             |                |
| 7. Type of Locator/O-Ball Attachments: _____ |                                    |                                    | 10. Space Between Gingiva and Structure in mm: _____ |                             |                |
| 8. Use Gingiva for Structure                 | <input type="checkbox"/> Yes       | <input type="checkbox"/> No        | 11. Amount of Locators/O-Ball Attachments: _____     |                             |                |

## SKETCH OF SITUATION + COMMENTS

# AvaDent® Digital Dental Solutions Implant Order Form Fixed Hybrids

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SOLUTIONS

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Digital Dental Solutions

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## DENTATE GUIDED WORKFLOW

<input type="checkbox"/> Immediate Denture <input type="checkbox"/> Scan Denture (optional) <span style="font-size: 2em; opacity: 0.5;">01</span>	<input type="checkbox"/> Bone Reduction Guide (optional) <i>Order Implant Guide at Your Implant Company</i> <input type="checkbox"/> Conversion Denture <span style="font-size: 2em; opacity: 0.5;">02</span>	<input type="checkbox"/> Implant Record Device + Jig <span style="font-size: 2em; opacity: 0.5;">03</span>	<input type="checkbox"/> HTI <span style="font-size: 2em; opacity: 0.5;">04</span>	<input type="checkbox"/> Wrap Around <input type="checkbox"/> Montreal <span style="font-size: 2em; opacity: 0.5;">05</span>
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## DENTATE FREEHAND WORKFLOW

<input type="checkbox"/> Immediate Denture <span style="font-size: 2em; opacity: 0.5;">01</span>	<input type="checkbox"/> Bone Reduction Guide (optional) <input type="checkbox"/> Conversion Denture <span style="font-size: 2em; opacity: 0.5;">02</span>	<input type="checkbox"/> Implant Record Device + Jig <span style="font-size: 2em; opacity: 0.5;">03</span>	<input type="checkbox"/> HTI <span style="font-size: 2em; opacity: 0.5;">04</span>	<input type="checkbox"/> Wrap Around <input type="checkbox"/> Montreal <span style="font-size: 2em; opacity: 0.5;">05</span>
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## EDENTULOUS GUIDED WORKFLOW

<input type="checkbox"/> Bone Reduction Guide (optional) <i>Order Implant Guide at Your Implant Company</i> <input type="checkbox"/> Conversion Denture <span style="font-size: 2em; opacity: 0.5;">01</span>	<input type="checkbox"/> Implant Record Device + Jig <span style="font-size: 2em; opacity: 0.5;">02</span>	<input type="checkbox"/> HTI <span style="font-size: 2em; opacity: 0.5;">03</span>	<input type="checkbox"/> Wrap Around <input type="checkbox"/> Montreal <span style="font-size: 2em; opacity: 0.5;">04</span>
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## EDENTULOUS FREEHAND WORKFLOW

<input type="checkbox"/> Bone Reduction Guide (optional) <input type="checkbox"/> Conversion Denture <span style="font-size: 2em; opacity: 0.5;">01</span>	<input type="checkbox"/> Implant Record Device + Jig <span style="font-size: 2em; opacity: 0.5;">02</span>	<input type="checkbox"/> HTI <span style="font-size: 2em; opacity: 0.5;">03</span>	<input type="checkbox"/> Wrap Around <input type="checkbox"/> Montreal <span style="font-size: 2em; opacity: 0.5;">04</span>
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## IMPLANTS

Amount:

Brand:

Type:

## PLATFORM

Abutment-level
  Implant-level

## EXTRA CHECKLIST

Implant Order Form completed  
 AvaDent Order Form attached

## SKETCH OF SITUATION + COMMENTS