

OFFICE INFORMATION

Doctor:	<input type="text"/>	Billing Email:	<input type="text"/>
Clinic Name:	<input type="text"/>	Doctor License #:	<input type="text"/>
Phone Number:	<input "="" type="text" value="("/> <input type="text" value=")"/> <input type="text" value="-"/>	Today's Date:	<input type="text" value="/"/> <input type="text" value="/"/>
Patient Name:	<input type="text"/>		
<small>Patient Name: first initial of first name and first three letters of last name & unique identifier (example: J. Doe 000001)</small>			
Patient Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	

ORDER SPECIFICATIONS

Product Selection:

- | | | | | | |
|--|---|--|---|---|--|
| <input type="checkbox"/> Printed Try-in Denture
<small>*printed in white resin</small> | <input type="checkbox"/> Ivotion Premium Complete Denture | <input type="checkbox"/> Ivotion Conversion Denture
<small>*mill finish with no polish to be finished post-conversion in clinic</small> | <input type="checkbox"/> Clear Duplicate Denture
<small>*for implant placement and multi-unit abutment selection</small> | <input type="checkbox"/> Occlusal Bite Splint | <input type="checkbox"/> Maxillary <input type="checkbox"/> Mandibular |
|--|---|--|---|---|--|

Tooth shade:

- | | | | |
|-----------------------------|-------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> A1 | <input type="checkbox"/> A3 | <input type="checkbox"/> B1 | <input type="checkbox"/> B2 |
| <input type="checkbox"/> A2 | <input type="checkbox"/> A3.5 | <input type="checkbox"/> BL3 | |

*Shades B3, C2, & D2 also available as an oversized milling option

Gingival shade:

- | | |
|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Preference | <input type="checkbox"/> US-D |
|-------------------------------------|-------------------------------|

Occlusion:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Lingualized | <input type="checkbox"/> Semi-anatomic |
|--------------------------------------|--|

Delivery Information

Deliver by:

 ☐ Rush case?additional fees will apply

Design approval by doctor required?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

DIGITAL FILE INSTRUCTIONS

NOTES

Submit IOS scans, script and the following photos to:

3Shape trios connect as status scans (preferred)
or 3Shape communicate portal



LIP AT REST



FULL FACE FULL SMILE



FULL FACE RETRACTED

For additional requests or concerns please contact us at:

info@simplified123.com

Doctors Signature:

