simplified

IVOTION REMOVABLE RX

OFFICE INFORMATION

Doctor: **Billing Email:**

Clinic Name: **Doctor License #:**

Phone Number: ( ) - **Today's Date:** / /

Patient Name: *first initial of first name and first three letters of last name & unique identifier (example: J. Doe 000001)*

Patient Gender: ☐ Male ☐ Female

ORDER SPECIFICATIONS

Product Selection:

- ☐ Printed Try-in Denture **printed in **white** resin*
- ☐ Ivotion Premium Complete Denture
- ☐ Ivotion Conversion Denture **mill finish with no polish to be finished post-conversion in clinic*
- ☐ Clear Duplicate Denture **for implant placement and multi-unit abutment selection*
- ☐ Occlusal Bite Splint
- ☐ Maxillary ☐ Mandibular

Tooth shade:

☐ A1 ☐ A2 ☐ A3
☐ A3.5 ☐ B1 ☐ BL3

**Shades B2, C1, C2, D2 & BL2 also available as an oversized milling option*

Gingival shade:

☐ Preference ☐ US-D

Occlusion:

☐ Lingualized ☐ Semi-anatomic

Delivery Information

Deliver by:

/ /

☐ Rush case?

additional fees will apply

Design approval by doctor required?

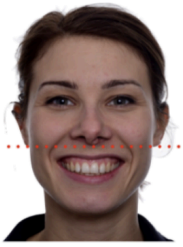
☐ Yes ☐ No

DIGITAL FILE INSTRUCTIONS

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

NOTES

Doctors Signature:

Restorations proudly made in the USA