

### DENTURE PRODUCTS

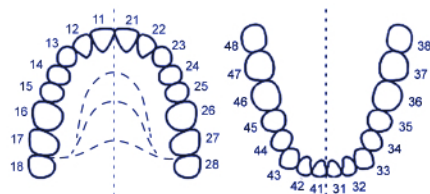
- ☐ **Biofunctional Prosthetic System**  
BPS | SEMCD (Ivoclar BPS Certified)
- ☐ **IvoBase Full Denture** (with Ivoclar Certificate)
- ☐ **ProBase High-Impact Denture**
- ☐ **Superior Acrylic Denture**
- ☐ **Flexible Denture**
- ☐ **e-Titanium RPD Frame** **NEW**
- ☐ **e-Titanium RPD + Flexible Clasp** **NEW**
- ☐ **e-Denture**
- ☐ **Provisional Implant Bridge Denture**
- ☐ **Locator OverDenture** [ Locators Qty: \_\_\_\_\_ ]

### MORE SERVICES

- ☐ **Digital Custom PMMA Tooth**
- ☐ **Hawley Retainer ( Pink / Clear )**
- ☐ **Occlusal Splint Clear Acrylic**

### CASE DESIGN & INSTRUCTIONS

Please provide any photos, study models, disgnostic casts with case.



Standard items & material will be decide by tech  
**▲ IF AN OPTION IS NOT SELECT ▲**

#### Base Design :

- ☐ Full Cover
- ☐ Horse Shoe
- ☐ Extreme Horse Shoe

☐ **Add Clasps :**



☐ **Add Rests:**



#### Occlusion



E to E



Class I



Class II



Class III

#### Tooth Shape



Oval



Triangular



Square



Rectangular

DOCTOR IN CHARGE

For Internal Use Only:

PATIENT NAME

AGE

FACE

GENDER

M / F



**e-Titanium RPD Framework** ☐ Upper ☐ Lower

Date Lab Receive

Date Clinic Require

**Important: Shall be submit together with the Preliminary RPD Design Form.**

- ☐ Frame with bite rim
- ☐ Frame with teeth Try-in
- ☐ Frame & Direct Issue

**Custom Tray** ☐ Upper ☐ Lower

Date Lab Receive

Date Clinic Require

**Ivoven Custom Tray**

- ☐ tray with bite rim
- ☐ with teeth setting & to take secondary impression
- ☐ **Gnathometer BPS**

**Special Tray without Handle**

- ☐ tray with bite rim
- ☐ with teeth setting & to take secondary impression

**Special Tray with Handle**

- ☐ Close Fit
- ☐ Spaced with stopper ( Perforated / Non-perforated )
- ☐ Spaced without stopper ( Perforated / Non-perforated )

**Wax Bite Rim** ☐ Upper ☐ Lower

Date Lab Receive

Date Clinic Require

**Teeth Design** ☐ Try-in ☐ Direct Issue

Date Lab Receive

Date Clinic Require

|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |

*Instruction if any*

Is the patient wearing an old denture? ( YES / NO )

#### Tooth Type:

- ☐ Aesthetic (Full Arch Only)
- ☐ Premium
- ☐ Standard

#### Tooth Shade:

A

**Take Notes:**  
Common Shade : A3  
Other Shade :  
A1, A2, A3.5, A4  
(\*depend on availability in lab\*)

**Final & Issue**

Date Lab Receive

Date Clinic Require

*Instruction if any*

Finalize Teeth Setting (Please Tick)

All Good & Proceed

Adjust & Get my approval to proceed

(Doctor's Sign to Approve Proceeding)