

ACCUFRAME OVERDENTURE ORDER FORM

1 INFO	DOCTOR/LAB NAME	PATIENT IDENTIFIER	
	ADDRESS	CITY/STATE	ZIP CODE
	PHONE NUMBER	EMAIL ADDRESS	

2 RESTRACTION TYPE	2 SELECT BAR-SUPPORTED OVERDENTURE OPTIONS		
	<input type="checkbox"/> HADER <input type="checkbox"/> LOCATOR <input type="checkbox"/> DOLDER	# CONNECTIONS <input type="text"/> <input type="text"/> <input type="text"/>	PLEASE MARK LOCATION OF ATTACHMENTS ON TOOTH CHART BELOW
	SPECIFY DISTAL EXTENSIONS LEFT (mm) <input type="text"/> RIGHT (mm) <input type="text"/>		
	SPACE BETWEEN TISSUE & BAR SPECIFY DISTANCE <input type="text"/> mm AS CLOSE AS POSSIBLE <input type="checkbox"/>		
OVERDENTURE BORDER JUST CONTACTING <input type="checkbox"/> EXTENDED AS DENTURE <input type="checkbox"/> OTHER <input type="text"/>			

3 BILLING INFO	NAME ON CREDIT CARD	
	CREDIT CARD NUMBER	
	CVS CODE	EXPIRATION DATE
	BILLING ZIP CODE	
	KEEP BILLING INFO ON FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

4 SHADE INFO	SPECIFY VITA SHADE: BL1, BL3, BL4, B3, B4, C4, D4 NOT AVAILABLE W/ PMMA MONOLITHIC OVERLAY
	SPECIFY GINGIVAL SHADE: <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> DARK

5 IMPLANT LOCATIONS	Tooth #	Analog/Abutment Manufacturer	Analog/Abutment Model
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

6 DESIGN APPROVAL AND DELIVERY	DELIVERY OPTIONS <input type="checkbox"/> OVERNIGHT <input type="checkbox"/> 2ND DAY
	DO YOU REQUEST DESIGN APPROVAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
	_____ If design approval is requested, please provide Email Address
	TURNAROUND TIMELINE: Restorations not requiring finishing will be shipped within 10 business days from the order date, or within 7 business days of design approval, if requested. For cases requiring finishing or additional lab work will require additional time to complete.

PLEASE SIGN TO CERTIFY ALL INFORMATION ABOVE IS CORRECT

NAME	DATE
I certify that the analog positions on the cast and the wax try-in have been verified for accuracy and the stated information is correct. All items that have contacted the oral environment have been disinfected. This form authorizes Cagenix to fabricate the AccuFrame™ dental framework using the information provided on this order form. Failure to submit appropriate elements can result in case being returned.	

ORDER INFORMATION (READ CAREFULLY) <ul style="list-style-type: none"> • Only use new analogs WITHOUT abutments • Missing info/components can delay your case
PLEASE INCLUDE THE FOLLOWING ITEMS <ul style="list-style-type: none"> • Copy of the completed order form • Verified/accurate cast (1mm clearance around each analog) • Diagnostic wax-up • Articulator is required for all cases