

CAGENIX 360 RESTORATION ORDER FORM

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

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| 2 RESTORATION TYPE | SELECT ONE OR MORE RESTORATION OPTIONS <small>(IF REQUESTING MULTIPLE RESTORATIVE OPTIONS, CHECK ALL THAT APPLY)</small> | |
| | <input type="checkbox"/> PMMA MONOLITHIC OVERLAY | |
| | OVERLAY OPTIONS | <input type="checkbox"/> MILLED OVERLAY UNFINISHED <input type="checkbox"/> MILLED OVERLAY FINISHED WITH TRIAD® GINGIVA |
| <input type="checkbox"/> PMMA VENEERING OVERLAY | | |
| OVERLAY OPTIONS | <input type="checkbox"/> MILLED VENEER UNFINISHED <input type="checkbox"/> MILLED VENEER FINISHED WITH TRIAD® GINGIVA (USING YOUR DENTURE TEETH) | |
| <input type="checkbox"/> ZIRCONIA MONOLITHIC OVERLAY | | |
| OVERLAY OPTIONS | <input type="checkbox"/> MILLED OVERLAY SINTERED ONLY <input type="checkbox"/> MILLED OVERLAY SINTERED, STAINED & GLAZED <input type="checkbox"/> MILLED OVERLAY SINTERED, STAINED & GLAZED, WITH STACKED GINGIVAL PORCELAIN <input type="checkbox"/> STACK PORCELAIN ON ANTERIOR 6 INCISAL EDGES <input type="checkbox"/> STACK PORCELAIN ON ALL 12 INCISAL EDGES | |

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

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| 4 FINISHING / SHADE | Metal Base <input type="checkbox"/> As Close As Possible <input type="checkbox"/> Soft Tissue Contour (Add \$150) | Specify in mm _____ in mm | Wrap <input type="checkbox"/> Specify in mm _____ in mm |
| | SPECIFY VITA SHADE: BL1, BL3, BL4, B3, B4, C4, D4 NOT AVAILABLE W/ PMMA MONOLITHIC OVERLAY | | TRIAD® GINGIVA SHADE: LIGHT REGULAR DARK |
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| 5 IMPLANT LOCATIONS | Tooth # | Analog/Abutment Manufacturer | Analog/Abutment Model | |
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| 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 requestesd, please provide Email Address | |
| TURNAROUND TIMELINE: Restorations not requiring finishing will be shipped within 14 business days from the order date, or within 12 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

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| 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. | |

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| 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) • Screw-retained diagnostic wax-up (Requires 2 or more mating cylinders) • Articulator is required for all cases but unfinished PMMA Veneer Overlays |

