

ACCUFRAME 360 ORDER FORM

<b>1</b> INFO & BILLING	DOCTOR/LAB NAME	PATIENT ID	PATIENT SCHEDULED DATE	REQUESTED DELIVERY DATE
	ADDRESS	CITY / STATE / ZIP		
	PHONE NUMBER	EMAIL ADDRESS		
	CREDIT CARD NUMBER	CARDHOLDER NAME		
	EXPIRATION DATE	BILLING ZIP	CVV	KEEP CARD ON FILE? <input type="checkbox"/> YES

<b>2</b> RESTORATION DESIGN	<b>SELECT ONE OR MORE RESTORATION OPTIONS</b> (IF REQUESTING MULTIPLE RESTORATIVE OPTIONS, CHECK ALL THAT APPLY)
	<input type="checkbox"/> PMMA MONOLITHIC OVERLAY <hr/> OVERLAY OPTIONS <input type="checkbox"/> MILLED OVERLAY UNFINISHED <input type="checkbox"/> MILLED OVERLAY WITH FINISHED GINGIVA <hr/> <input type="checkbox"/> ZIRCONIA MONOLITHIC OVERLAY <hr/> OVERLAY OPTIONS <input type="checkbox"/> MILLED OVERLAY SINTERED ONLY <input type="checkbox"/> MILLED OVERLAY SINTERED, STAINED & GLAZED, WITH STACKED GINGIVAL PORCELAIN

<b>3</b> FINISHING / SHADE	
	ARCH TYPE: <input type="checkbox"/> MAXILLARY <input type="checkbox"/> MANDIBULAR <input type="checkbox"/> BOTH SPECIFY VITA SHADE: <input type="text"/> GINGIVA SHADE: <input type="checkbox"/> T2 Light <input type="checkbox"/> T3 Med <input type="checkbox"/> USD Ethnic <input type="checkbox"/> T4 Dark

<b>4</b> IMPLANT INFO	TOOTH NUMBER	ANALOG / ABUTMENT MANUFACTURER	ANALOG / ABUTMENT MODEL

<b>5</b> FINISHING & DELIVERY	<b>DELIVERY OPTIONS</b> <input type="checkbox"/> OVERNIGHT <sup>\$</sup> <input type="checkbox"/> 2ND DAY REQUEST DESIGN APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO <hr/> If design approval is requested, please provide an email address <hr/> Restorations will ship within 14 business days from receipt or within 10 business days of design approval, if requested. Cases requiring finishing or additional lab work will require additional time to complete.
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**ACCUFRAME 360 CASE SUBMISSION CHECKLIST**

Please confirm all required elements are included before signing. Any missing info could result in delays with your case.

- Verified Master Model (w/ Undamaged Analogs)
- Screw-Retained Diagnostic Wax-Up
  - Finalized Occlusion & Mesial/Distal Contacts
  - Screw-Retained Via 3+ New Cylinders
- Signed & Completed Order Form
- Your Articulator (To Verify Occlusion, Send Bite)

TIPS ON CREATING DIAGNOSTIC WAX-UPS:  
[cagenix.com/downloads/DWUguidelines.pdf](http://cagenix.com/downloads/DWUguidelines.pdf)

NAME	DATE
I certify that the analog positions on the case 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 dental restoration using the information provided on this order form. Failure to submit appropriate elements can result in a case being returned or delayed.	