

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

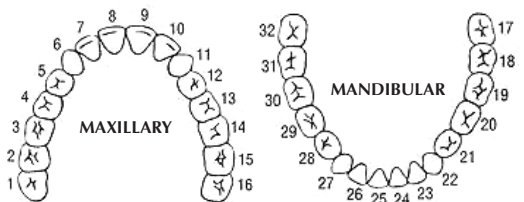
<b>2</b> CROWN TYPE	PLEASE SELECT ZIRCONIA CROWN TYPES
	FULL CONTOUR TOOTH #s <input type="text"/>
	CUTBACK COPING TOOTH #s <input type="text"/>
	COPING TOOTH #s <input type="text"/>

**WHAT TO SEND WITH YOUR CASE:**

Please confirm all elements are included. Missing elements could result in delays with your case.

- Verified Master Model (With Undamaged Analogs)
- Screw-Retained Diagnostic Wax-up
  - Desired Final Occlusion and Mesial/Distal Contacts
  - Screw-Retained Via 2 or More Mating Cylinders (to ensure correct position on Master Model)
- Signed and Completed Order Form
- Labeling of Denture Teeth used in Diagnostic Wax Up (manufacturer and catalog number)
- Your Articulator (To Verify Occlusion Before Shipping Case)

<b>3</b> FINISH	PLEASE SELECT ONE FINISH	 <p><b>VITA</b> SPECIFY VITA SHADE</p>
	<input type="checkbox"/> INITIAL COLOR / SINTERED <input type="checkbox"/> STAINED AND GLAZED <small>IF PORCELAIN DESIRED,</small>	

<b>4</b> IMPLANT LOCATIONS & TYPE / TOOTH TYPE	TOOTH NUMBER	ANALOG / ABUTMENT MANUFACTURER & MODEL
	<b>DENTURE TOOTH MANUFACTURER &amp; MODEL:</b> NUMBER OF CROWNS NEEDED: <input type="text"/> CROWNS REQUIRING PORCELAIN: (ADDITIONAL CHARGE) <input type="text"/> POSTERIOR DENTURE TOOTH MANUFACTURER & MODEL: <input type="text"/> ANTERIOR DENTURE TOOTH MANUFACTURER & MODEL: <input type="text"/>	
		
<b>ATTACH DENTURE TOOTH CARD TO MINIMIZE TOOTH MATCHING DELAYS</b>		

<b>5</b> FINISHING AND DELIVERY	DELIVERY OPTIONS	<input type="checkbox"/> OVERNIGHT ADDITIONAL CHARGE	<input type="checkbox"/> 2ND DAY
	REQUEST DESIGN APPROVAL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If design approval is requested, please provide Email Address _____		
	ACCUFRAME PLUS COLOR TREATMENT?	<input type="checkbox"/> YES	
	<input type="checkbox"/> INCLUDE SCREW ACCESS HOLES	<input type="checkbox"/> INCLUDE GINGIVAL PROCESSING (+5 Days)	
Orders will be shipped within 14 business days from order date or within 10 business days of design approval			

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.	
SALES REP	
EMAIL ADDRESS	
PHONE NUMBER	ZIP CODE