

ACCUFRAME 360 RESTORATION ORDER FORM

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

2 RESTORATION TYPE	SELECT ONE OR MORE RESTORATION OPTIONS (IF REQUESTING MULTIPLE RESTORATIVE OPTIONS, CHECK ALL THAT APPLY)	
	<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, WITH STACKED GINGIVAL PORCELAIN	
<input type="checkbox"/> STACK PORCELAIN ON ANTERIOR 6 INCISAL EDGES <input type="checkbox"/> STACK PORCELAIN ON ALL 12 INCISAL EDGES		

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

4 FINISHING / SHADE	Metal Base <input type="checkbox"/> As Close As Possible <input type="checkbox"/> Soft Tissue Contour (Add \$150)	Specify in mm _____	Wrap <input type="checkbox"/> Specify in mm _____
	SPECIFY VITA SHADE: BL1, BL3, BL4, B3, B4, C4, D4 NOT AVAILABLE W/ PMMA MONOLITHIC OVERLAY		TRIAD® LIGHT GINGIVA REGULAR SHADE: DARK

5 IMPLANT LOCATIONS		<table border="1"> <thead> <tr> <th>Tooth #</th> <th>Analog/Abutment Manufacturer</th> <th>Analog/Abutment Model</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	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 requested, 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

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