

ACCUFAME OVERDENTURE ORDER FORM

1 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

2 RESTORATION DESIGN	SELECT BAR-SUPPORTED OVERDENTURE OPTIONS <input type="checkbox"/> HADER <input type="checkbox"/> LOCATOR <input type="checkbox"/> DOLDER # CONNECTIONS <input type="text"/> PLEASE MARK LOCATION OF ATTACHMENTS ON CHART		DISTAL EXTENSIONS: LEFT (mm) <input type="text"/> RIGHT (mm) <input type="text"/> DISTANCE- TISSUE TO BAR: DISTANCE (mm) <input type="text"/> AS CLOSE AS POSSIBLE <input type="checkbox"/> OVERDENTURE BORDER: <input type="checkbox"/> EXTENDED AS DENTURE <input type="checkbox"/> JUST CONTACTING OTHER <input type="text"/> VITA SHADE: GINGIVAL SHADE: T2 (Light) USD (Ethnic) T3 (Medium) T4 (Dark)
--------------------------------	--	--	---

3 IMPLANT INFO	TOOTH NUMBER	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"/>

4 DESIGN APPROVAL & DELIVERY	DELIVERY OPTIONS <input type="checkbox"/> OVERNIGHT \$ <input type="checkbox"/> 2ND DAY DESIGN APPROVAL (Requires Email Below) <input type="checkbox"/> YES _____ If design approval is requested, please provide an email address 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.
--	--

ACCUFAME OD 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)
- Verified Wax Try-In (Disinfected)
 - Finalized Occlusion & Mesial/Distal Contacts
 - Screw-Retained Via 3+ New Cylinders
- Signed & Completed Order Form
- Your Articulator
- Only Use New Analogs Without Abutments

TIPS ON CREATING DIAGNOSTIC WAX-UPS:
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.	