

## BARZERO PMMA 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> CROWN TYPE	<b>SELECT BARZERO TYPE &amp; SHADE</b>
	<input type="checkbox"/> BARZERO EXPRESS IMMEDIATE PROVISIONAL <input type="checkbox"/> BARZERO LTP LONG-TERM PROVISIONAL

<b>3</b> FINISHING	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 & TOOTH INFO	TOOTH NUMBER	ANALOG / ABUTMENT MANUFACTURER	ANALOG / ABUTMENT MODEL

<b>5</b> DELIVERY & NOTES	<b>DELIVERY OPTIONS</b>
	<input type="checkbox"/> OVERNIGHT <span style="color: red;">\$</span> <input type="checkbox"/> 2ND DAY
	REQUEST COPINGS & SCREWS <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUEST DESIGN APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO

If design approval is requested, please provide an email address

Restorations will typically ship within 10 business days from receipt of case or within 8 business days of design approval, if requested.  
Cases requiring finishing or additional lab work will require additional time to complete.

### BARZERO CASE SUBMISSION CHECKLIST

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

#### BARZERO EXPRESS

- Pre-Surgical Study Casts
- Pre-Surgical Wax-Up
- Signed, Complete Order Form
- Your Articulator (To Verify Occlusion, Send Bite)

#### BARZERO LTP

- Screw-Retained Diagnostic Wax-Up (3+ New Cylinders)
- Verified Master Model
- Signed, Complete 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.	