

<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> DESIRED LAB WORK	<input type="checkbox"/> CUSTOM TRAY	SUBMIT STONE CAST OR IMPRESSION.
	<input type="checkbox"/> VERIFICATION JIG	REQUIRES 1 NON-ENGAGING COPING PER ANALOG. ALSO SUBMIT MASTER MODEL CAST OR IMPRESSION.
	<input type="checkbox"/> WAX BITE RIM	UTILIZING 2-3 NON-ENGAGING COPINGS. PROVIDE STONE CAST OR IMPRESSION.
	<input type="checkbox"/> MODEL WORK	WE POUR MASTER/OPPOSING/STUDY CASTS FROM YOUR OPEN-TRAY IMPRESSION W/ DIRECT COPINGS.
	<input type="checkbox"/> DWU CREATION	UTILIZING 2-3 NON-ENGAGING COPINGS AND DENTURE TEETH. PROVIDE INFO OR STUDY CAST SHOWING ARRANGEMENT. ALSO PROVIDE WAX BITE RIM WITH BITE OR MOUNTED MASTER & OPPOSING STONE CASTS.
	<input type="checkbox"/> DWU ADJUSTMENT	
	<input type="checkbox"/> ARTICULATION	MOUNT / REMOUNT. PLEASE PROVIDE BITE & CASTS. ARTICULATOR: STRATOS / SAM3 / PANADENT / YOURS.
<input type="checkbox"/> ORDER PARTS	WANT US TO ORDER PARTS? YOU'LL RECEIVE EMAIL WITH PARTS ORDERED FOR YOUR REVIEW.	

<b>3</b> PRODUCT TYPE	<b>3</b> SELECT FINAL RESTORATION TYPE:
	<input type="checkbox"/> ACCUFRAME (FIXED)
	<input type="checkbox"/> ACCUFRAME (REMOVABLE)
	<input type="checkbox"/> ACCUFRAME IC
	<input type="checkbox"/> ACCUFRAME 360
	<input type="checkbox"/> ACCUFRAME OVERDENTURE
	<input type="checkbox"/> BARZERO EXPRESS
<input type="checkbox"/> BARZERO LTP PMMA	
<input type="checkbox"/> BARZERO ZIRCONIA	
SELECT ARCH:	
<input type="checkbox"/> MANDIBULAR <input type="checkbox"/> MAXILLARY <input type="checkbox"/> BOTH	

<b>4</b> CASE DETAILS	<b>4</b> PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE TO IMPROVE YOUR NEXT DIAGNOSTIC APPOINTMENT	
	OVERJET:	TOOTH SIZE:
	OVERBITE:	TOOTH SHADE:
	FLANGE:	OCCCLUSION:
	GINGIVA CONTOURS:	MIDLINE:
	TOOTH SHAPE:	OPPOSING DENTITION:

<b>5</b> IMPLANTS	TOOTH NUMBER	ANALOG / ABUTMENT MANUFACTURER	ANALOG / ABUTMENT MODEL

<b>6</b> DELIVERY	<b>6</b> DELIVERY OPTIONS
	<input type="checkbox"/> OVERNIGHT <span style="color: red;">\$</span> <input type="checkbox"/> 2ND DAY
	REQUEST FEDEX RETURN LABEL <input type="checkbox"/> YES <input type="checkbox"/> NO
<p style="color: red; font-size: small;">Lab work will be shipped within 5 business days from receipt of case. Cases requiring finishing or additional lab work will require additional time to complete.</p>	

Incomplete order form or missing components can delay your case.

NAME	DATE
<p style="font-size: x-small;">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.</p>	