

FIXED/REMOVABLE FRAMEWORK 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 BAR DESIGN	Y Frame <input type="checkbox"/>	Inverted Y <input type="checkbox"/>	Metal Base <input type="checkbox"/>	Inverted Metal Base <input type="checkbox"/>	Metal Lingual <input type="checkbox"/>	Hader <input type="checkbox"/>	Salt Lake City <input type="checkbox"/>	Dolder <input type="checkbox"/>	Locator <input type="checkbox"/>	Copymill <input type="checkbox"/>
	PLEASE MARK THE LOCATION OF ATTACHMENTS ON MASTER MODEL (Locator, Bredent, etc.)				DISTAL EXTENSIONS LEFT (mm) RIGHT (mm)		SPACE BETWEEN TISSUE AND BAR SPECIFY DISTANCE (mm) <input type="checkbox"/> AS CLOSE AS POSSIBLE			


3 IMPLANT INFO	TOOTH NUMBER	ANALOG / ABUTMENT MANUFACTURER	ANALOG / ABUTMENT MODEL

4 FINISHING & DELIVERY	DELIVERY OPTIONS
	<input type="checkbox"/> OVERNIGHT \$ <input type="checkbox"/> 2ND DAY
	ACCUFRAME PLUS COLOR TREATMENT <input type="checkbox"/> YES \$
	ACRYLIC PROCESSING (+5 Business Days) <input type="checkbox"/> YES \$
	DESIGN APPROVAL (Requires Email Below) <input type="checkbox"/> YES
If design approval is requested, please provide an email address	
Restorations will ship within 10 business days from receipt or within 8 business days of design approval, if requested. Cases requiring finishing or additional lab work will require additional time to complete.	

ACCUFRAME 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)
- Signed & Completed Order Form
- OPTIONAL: Intraorally Verified Index (Disinfected)



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.	