

ACCUFRAME IC 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 CROWN TYPE	SPECIFY CROWN TYPE(S)	
	FULL CONTOUR	TOOTH #s <input type="text"/>
	CUTBACK COPING	TOOTH #s <input type="text"/>

3 CROWN FINISH	SELECT DESIRED CROWN FINISH	SPECIFY CROWN VITA SHADE
	<input type="checkbox"/> INITIAL COLOR / SINTERED <input type="checkbox"/> STAINED & GLAZED	<input type="text"/>

4 IMPLANT & TOOTH INFO	TOOTH MANUFACTURER & MODEL	TOOTH NUMBER	ANALOG / ABUTMENT MANUFACTURER & MODEL
	NUMBER OF CROWNS		
CROWNS REQUIRING PORCELAIN \$			
POSTERIOR DENTURE TOOTH			
ANTERIOR DENTURE TOOTH			
ARCH TYPE: <input type="checkbox"/> MAXILLARY <input type="checkbox"/> MANDIBULAR <input type="checkbox"/> BOTH			

5 FINISHING & DELIVERY	DELIVERY OPTIONS
	<input type="checkbox"/> OVERNIGHT \$ <input type="checkbox"/> 2ND DAY
	REQUEST DESIGN APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO
	If design approval is requested, please provide an email address <input type="checkbox"/> ACCUFRAME PLUS COLOR TREATMENT <input type="checkbox"/> INCLUDE GINGIVAL PROCESSING (+5 Days) \$ SHADE: <input type="checkbox"/> T2 _{Light} <input type="checkbox"/> T3 _{Med} <input type="checkbox"/> USD _{Ethnic} <input type="checkbox"/> T4 _{Dark}

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.

ACCUFRAME IC 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)
- Screw-Retained Diagnostic Wax-Up
 - Finalized Occlusion & Mesial/Distal Contacts
 - Screw-Retained Via 3+ New Cylinders
- Signed & Completed Order Form
- Denture Teeth Info (Manufacturer & Catalog #)
- Attach Denture Tooth Card to Minimize Matching Delays
- Your Articulator (To Verify Occlusion, Send Bite)

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.	