

## BARZERO PMMA ORDER FORM

|                            |                    |                    |                        |   |
|----------------------------|--------------------|--------------------|------------------------|---|
| <b>1</b><br>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><br>CROWN TYPE | <b>SELECT BARZERO TYPE &amp; SHADE</b>   |
|                        | <input type="checkbox"/> BARZERO EXPRESS IMMEDIATE PROVISIONAL<br><input type="checkbox"/> BARZERO LTP LONG-TERM PROVISIONAL |

|                       |   |
|-----------------------|---|
| <b>3</b><br>FINISHING | ARCH TYPE: <input type="checkbox"/> MAXILLARY <input type="checkbox"/> MANDIBULAR <input type="checkbox"/> BOTH   |
|                       | SPECIFY VITA SHADE:<br><input type="text"/><br>GINGIVA SHADE: <input type="checkbox"/> T2 Light <input type="checkbox"/> T3 Med<br><input type="checkbox"/> USD Ethnic <input type="checkbox"/> T4 Dark |

| <b>4</b><br>IMPLANT & TOOTH INFO | TOOTH NUMBER | ANALOG / ABUTMENT MANUFACTURER | ANALOG / ABUTMENT MODEL |
|----------------------------------|--------------|--------------------------------|-------------------------|
|                                  |              |                                |                         |
|                                  |              |                                |                         |
|                                  |              |                                |                         |
|                                  |              |                                |                         |
|                                  |              |                                |                         |

|                              |   |
|------------------------------|---|
| <b>5</b><br>DELIVERY & NOTES | <b>DELIVERY OPTIONS</b>   |
|                              | <input type="checkbox"/> OVERNIGHT <b>\$</b> <input type="checkbox"/> 2ND DAY   |
|                              | REQUEST COPINGS & SCREWS <input type="checkbox"/> YES <input type="checkbox"/> NO<br>REQUEST DESIGN APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO   |
|                              | If design approval is requested, please provide an email address<br><br>Restorations will typically ship within 10 business days from receipt of case or within 8 business days of design approval, if requested.<br>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. |      |