

BARZERO MONOLITHIC ZIRCONIA 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 FINISHING	SPECIFY ARCH <input type="checkbox"/> MAXILLARY <input type="checkbox"/> MANDIBULAR <input type="checkbox"/> BOTH	SELECT BARZERO TYPE <input type="checkbox"/> MILLED & SINTERED ONLY <input type="checkbox"/> STACKED GINGIVA (PORCELAIN)	SPECIFY VITA SHADE <div style="border: 1px solid black; width: 100px; height: 50px; margin: 5px;"></div>	SPECIFY GINGIVA SHADE <input type="checkbox"/> T2 Light <input type="checkbox"/> T3 Med <input type="checkbox"/> USD Ethnic <input type="checkbox"/> T4 Dark
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3 IMPLANT & TOOTH INFO	TOOTH NUMBER	ANALOG / ABUTMENT MANUFACTURER	ANALOG / ABUTMENT MODEL

4 DELIVERY & NOTES	DELIVERY OPTIONS <input type="checkbox"/> OVERNIGHT \$ <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 14 business days from receipt of case or within 10 business days of design approval, if requested. Cases requiring finishing or additional lab work will require additional time to complete.

BARZERO ZIRCONIA CASE SUBMISSION CHECKLIST

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

- Screw-Retained Diagnostic Wax-Up (3+ New Cylinders)
- Verified Master Model
- Signed & Completed Order Form
- Your Articulator (To Verify Occlusions, 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.	