

STEP 1 PATIENT INFORMATION

Patient Name _____

STEP 2 TURNAROUND TIME

DUE DATE _____

AM Delivery Saturday Delivery
(extra charges apply)

Remake (Reason) _____

Please include original restoration with remake orders

STEP 3 PRODUCT TYPE

Implant Overdenture Bar in Titanium

Tapped Only With Attachments

Implant Retained Bridge in Cobalt Chrome

PRODUCT DESIGN & NOTES

Please make sure to provide complete details regarding implant brand, type and platform size for each implant. Not providing complete information could result in delay.



STEP 4 DESIGN OPTIONS

Dale Design

Customer Design

Please use design legend below

DESIGN LEGEND

X = Attachment

O = Implant

B = Bredent 2.2 Ball - Please specify buccal, lingual or occlusal orientation

D = Dalbo Plus Ball

T = TSB Ball 2.5

L = Locator

C = Ceka

= Other _____

DESIGN VERIFICATION

Email images for approval before milling

Name _____

Email Address _____

STEP 5 CASE TYPE AND DETAILS

REMOVABLE BARS

DOLDER BAR

Dolder Rigid Macro

Dolder Rigid Micro

Dolder Resilient Macro

Dolder Resilient Micro

Clip Type

Titanium Clip

Gold Clip

HADER BAR

Reinforcement Height _____mm

ROUND BAR

MILLED BAR

Angles - Please indication preferred angles from 0 - 10 degrees in half-degree increments

Buccal Angle _____mm Lingual Angle _____mm

Dolder Extensions

Titanium Clip

Gold Clip

FIXED BARS

WRAP AROUND BAR

HYBRID MONTREAL-TYPE BAR

With Metal Lingual

Without Metal Lingual

STEP 6 ADDITIONAL DETAILS

Extensions Length _____mm

Distance From Tissue _____mm

Orolingual Thickness _____mm

Bar Height _____mm KAL System

STEP 7 ENCLOSURES CHECKLIST

Model with new or undamaged implant fixtures

Waxup

Soft Tissue

Waxup Matrix (optional)

Please do not include articulators, opposing

model work or any other materials than those above.

STEP 8 PAYMENT, NOTES & SIGNATURE

Credit Card on File New Credit Card (reverse side)

Check Enclosed Other _____

Crown Reward™ Points Redeemed For

Shipping Turnaround Time

Signature _____ Date _____

I verify a signed prescription by a licensed dentist is on file for this restoration. I agree to the terms and conditions set forth by Dale Dental.

New Credit Card Information

American Express Discover Mastercard VISA

Card # _____ Exp. _____

Name on Card _____

Address (if different than shipping) _____

Please put this card information on file and apply to all future cases

Cardholder Signature _____ Date _____

Crown Reward™ Points

FedEx Shipping Charges (500 points) Turnaround Time Upgrade - 500 points each per unit

Set my default to FedEx shipping and deduct 500 points for shipping on all future orders Priority Overnight Upgrade (1,000 points)

DHL Shipping Charges (400 points)

Set my default to DHL shipping and deduct 400 points for shipping on all future orders

Referral

I was referred by Lab Name _____

City/State _____

Please award them 5,000 Dale Dental Crown Reward™ Points for referring me.

Additional Notes: