

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 **Clip Type**
 Dolder Resilient Macro Titanium Clip
 Dolder Resilient Micro 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.

Yellow Copy - Customer
White Copy - 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: