

CLIENT DATA

Name	_____	Telephone number	_____
Address	_____	Fax number	_____
	_____	Email	_____
Country	_____	VAT / BTW number	_____

Invoice address (Fill out if different from client address)

Address	_____	Country	_____
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ORDER

Patient number	_____	Patient name	_____
<input type="checkbox"/> Upper jaw	<input type="checkbox"/> Lower jaw	Material:	<input checked="" type="checkbox"/> Titanium (Grade 5)

IMPLANT TYPES

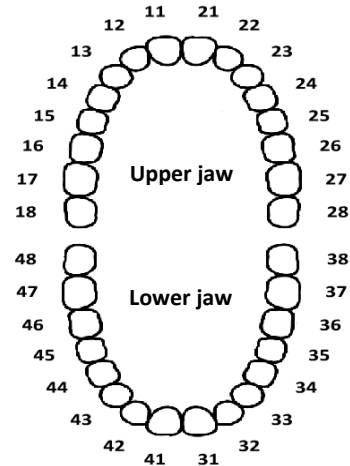
Number of implants _____

Situation sketch – Draw the implants

Implant brand and type:

(Please select from DentWise implant/abutment connections list)

- | | |
|---|-------|
| <input type="checkbox"/> Biomet 3i | _____ |
| <input type="checkbox"/> Dentsply Implants Astra Tech | _____ |
| <input type="checkbox"/> Dentsply Implants Friadent | _____ |
| <input type="checkbox"/> Nobel Biocare | _____ |
| <input type="checkbox"/> Straumann | _____ |
| <input type="checkbox"/> Zimmer | _____ |
| <input type="checkbox"/> Other | _____ |



 Please deliver screws

The distance between neighbour implants must be at least 2.5 mm.
DESIGN
Primary bar

Distance to gingiva:	_____ mm
Angulation:	<input type="checkbox"/> 2° <input type="checkbox"/> 4° Other: _____°
Extensions:	<input type="checkbox"/> Left: _____ mm <input type="checkbox"/> Right: _____ mm
Attachments:	Number: _____ Type: _____ <input type="checkbox"/> Screwed / <input type="checkbox"/> Glued

Other requests, please specify _____

Secondary Frame

Distance to gingiva:	_____ mm
Distance (reduction) from tooth setup:	_____ mm
Occlusal:	Flat surface <input type="checkbox"/> Flat surface <input type="checkbox"/> or Tooth supports <input type="checkbox"/>  <input type="checkbox"/> Reduced tooth shape <input type="checkbox"/>
Pearl retention:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Palatal mucosal support:	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes: <input type="checkbox"/> Polished or <input type="checkbox"/> Pearl retention If yes: Please carve pressure line in stone model

Other requests, please specify _____

DELIVERED TO DENTWISE

- | | |
|--|--|
| <input type="checkbox"/> Order form | <input type="checkbox"/> Key |
| <input type="checkbox"/> Gypsum model with implant replicas ¹ | <input type="checkbox"/> Abutments |
| <input type="checkbox"/> Removable soft tissue mask | <input type="checkbox"/> Attachments |
| <input type="checkbox"/> Tooth setup | <input type="checkbox"/> Other (please specify): _____ |

SHIPMENT

Desired delivery date:	_____	Please take into account a minimal processing time of 7 working days starting from the approval of the design (primary & secondary). A design proposal of the primary bar is normally sent within 48 hours after receipt of the model by 3DS DentWise.
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For approval: (name and signature)

¹ New replicas or replicas in perfect condition must be used and the accuracy of the model must be verified with the patient. 3D Systems will not be responsible for inaccuracies due to incorrect imprints.

The 3D Systems Quickparts® standard terms and conditions apply to this order. These terms and conditions are available on our website at <http://www.dentwise.eu/getting-started/>.