

CLIENT DATA

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

Invoice address (Fill out if different from client address)

 Address _____

 Country _____

ORDER

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

IMPLANT TYPES

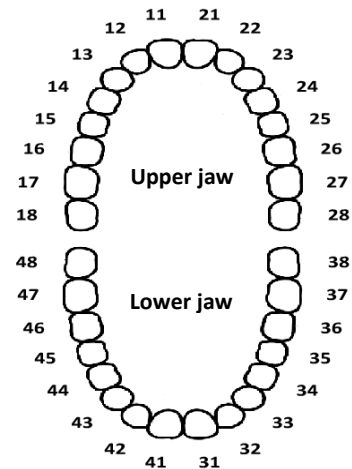
Number of implants _____

Situation sketch – Draw the implants





Implant brand and type:

(Please select from DentWise implant/abutment connections list)

<input type="checkbox"/> Biocomp	_____
<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
Standard implant bar

<input type="checkbox"/> Dolder (egg)		<input type="checkbox"/> Micro	<input type="checkbox"/> Macro
<input type="checkbox"/> Dolder (U)		<input type="checkbox"/> Micro	<input type="checkbox"/> Macro
<input type="checkbox"/> Preci-Horix (Hader)			
<input type="checkbox"/> Round (Ackermann)		<input type="checkbox"/> Ø 1.8mm	<input type="checkbox"/> Ø 1.9mm <input type="checkbox"/> Ø 2.0mm
<input type="checkbox"/> Extensions	<input type="checkbox"/> Distal: _____ mm	<input type="checkbox"/> Mesial: _____ mm	
<input type="checkbox"/> Distance to gingiva:	_____ mm		
<input type="checkbox"/> Attachments:	Number: _____	Type: _____	<input type="checkbox"/> Screwed / <input type="checkbox"/> Glued

Custom implant bar¹
DELIVERED TO DENTWISE

<input type="checkbox"/> Order form	<input type="checkbox"/> Key
<input type="checkbox"/> Gypsum model with implant replicas ²	<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 4 working days starting from the approval of the design. A design proposal is normally sent within 48 hours after receipt of the model by 3D Systems.

For approval: (name and signature)

¹ Contact us to discuss the custom bar design

² 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/>.