

**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**

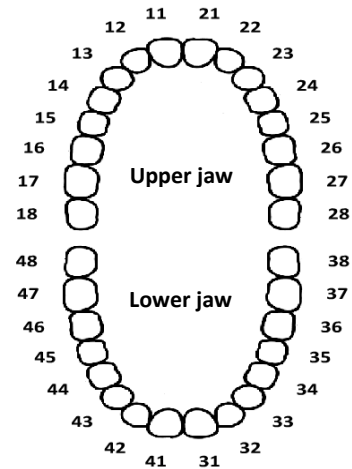
Number of implants \_\_\_\_\_

Situation sketch – Draw the implants

Implant brand and type:

(Please select from DentWise implant/abutment connections list)

<input type="checkbox"/> 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**
 Wraparound bridge /  Wrap-on bridge /  Porcelain bridge

Virtual copy milling from waxup

 YES  NO

Distance from gingiva: \_\_\_\_\_ mm

Distance (reduction) from tooth setup: \_\_\_\_\_ mm

High gloss polishing

 Basal  Lingual  Occlusal

SealWise connections

 YES  NO

Retentions

 YES  NO

Shape tooth supports

       Reduced tooth shape

Other requests, please specify \_\_\_\_\_

**DELIVERED TO DENTWISE**

<input type="checkbox"/> Order form	<input type="checkbox"/> Key
<input type="checkbox"/> Gypsum model with implant replicas <sup>1</sup>	<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 3DS DentWise.

For approval: ..... (name and signature)

<sup>1</sup> New replicas or replicas in perfect condition must be used and the accuracy of the model must be verified with the patient. 3D Systems LayerWise 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/>.