

Straumann® CARES® Scan & Shape

Variobase Bridge & Tooth Borne Elements Order Form

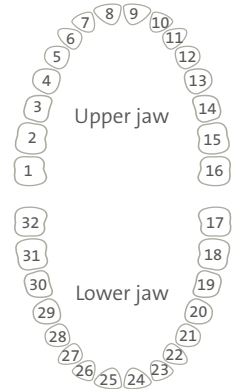
Ship Cases To:
 Straumann Manufacturing, Inc.
 916A 113th Street
 Arlington, TX 76011
 866/531 7365

For internal use only

Project No: _____

Date received: _____

Operation: _____



INSTRUCTIONS:

- Please read the Straumann CARES Scan & Shape Process Guide before filling in this form.
- Please PRINT clearly, or check where applicable.
- In order to process your order, we require ALL information on this form to be filled in correctly.
- If you require any help with this form, please contact our Technical Support Team at 866/531 7365.
- **Signature required on back of form to complete order.**

Customer details			
Name of Business			Straumann® Customer No.
Contact Person			Patient (initials or ID# only)
Address			
City		State / Zip code	
Phone			
Email Address		Fax	

Shade	Element Type	Material	Aproximal Contact Desing		Design				Occlusion		Comments
			Light	Heavy	Anatomical reduced coping	Coping	Cut-Back	Full Contour	Light	Heavy	
VITA Shade			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Platform																
Tooth Position	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 32	<input type="checkbox"/> 31	<input type="checkbox"/> 30	<input type="checkbox"/> 29	<input type="checkbox"/> 28	<input type="checkbox"/> 27	<input type="checkbox"/> 26	<input type="checkbox"/> 25	<input type="checkbox"/> 24	<input type="checkbox"/> 23	<input type="checkbox"/> 22	<input type="checkbox"/> 21	<input type="checkbox"/> 20	<input type="checkbox"/> 19	<input type="checkbox"/> 18	<input type="checkbox"/> 17
Platform																

RNI – Regular Neck (RN) implant level
WNI – Wide Neck (WN) implant level

NCI – Narrow CrossFit®(NC) implant level
RCI – Regular CrossFit® (RC) implant level

NCA – Narrow CrossFit (NC) abutment* level
RCA – Regular CrossFit (RC) abutment* level

Element Type						Material				
Coping	Crown	Telescopic Crown	Bridge Framework	Inlay Bridge	Maryland Bridge	zerion® LT	3M™ ESPE™ Lava™ Plus HT	coron®	ticon®	polycon® ae
1	2	3	4	5	6	A	B	C	D	E

Straumann Variobase® Bridges	Cement-Retained	Screw-Retained
Straumann® Variobase® Bridge	<input type="checkbox"/>	<input type="checkbox"/>

Shipping checklist

This is a shipping checklist to help you ensure that your order is processed efficiently and accurately.

From models	
<input type="checkbox"/>	Signed order form with all required details
<input type="checkbox"/>	Articulated master casts (working and opposing model) with prepped, clearly readable margins on dies
<input type="checkbox"/>	Bite registration (recommended)
<input type="checkbox"/>	Diagnostic matrix (if required)
<input type="checkbox"/>	Model with soft tissue mask (optional)

Do not send Variobase. Order for element only

COMMENTS

Details to material indication can be found on the following website:
straumann.us/CARESGuide

Articulated master casts (working and opposing model) are required. It is recommended to submit a bite registration. waxups can be submitted as reference guide

Order terms and conditions

By signing and sending this prescription form, I confirm that:

1. This prescription is made upon the authority of a licensed dentist.
2. I acknowledge that Straumann will manufacture using only the exact specifications which I have provided and approved. Straumann is not liable for any subsequent modifications or remakes by me.
3. I agree to pay the price plus shipping and sales tax (if applicable).
4. I understand the delivery times are dependant upon the materials chosen and my response time to approve the proposed design.
5. I have read and understood the Straumann® CARES® Tooth Borne Process Guide (USLIT 461)
6. I have read and understood Straumann's General Terms and Conditions located in the Straumann CARES Scan & Shape Process Guide.
7. I have disinfected all materials prior to shipment to Straumann.
8. I have properly packaged and shipped the materials in accordance with all State and Federal laws and regulations regarding the transportation of potentially biohazardous materials including Code of Federal Regulation Title 49 Part 173.

Sign here ▶

(Signature of the customer/date) Required

The data provided on this order form will be used exclusively for your order. The data will not be disclosed to third parties.