

Straumann® CARES® Scan & Shape.

CARES® Screw-retained Bars & Bridges (SRBB) Order Form.

INSTRUCTIONS

1. Please fill out all applicable fields and check boxes before printing the form
2. In order to process your order smoothly, we require ALL information on this form to be filled in correctly
3. If you require any help with this form, please contact our Technical Support Team at 866/531 7365
4. **It is essential that you send us your diagnostic wax-up in order for us to design a well-fitting prosthesis for you**
5. **Your signature is required on the back of this form to complete the order**

For internal use only
















Project No: _____

Date received: _____

Operation: _____

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

TYPE OF PROSTHESIS REQUIRED (PLEASE CHECK ONE)

<input type="checkbox"/> CARES® Screw-Retained bridge	<input type="checkbox"/> CARES® Dolder® U-shape, regular	<input type="checkbox"/> CARES® Dolder® U-shape, mini	<input type="checkbox"/> CARES® Dolder® Egg-shape, regular	<input type="checkbox"/> CARES® Dolder® Egg-shape, mini	<input type="checkbox"/> CARES® Ackermann® Bar (1.8 mm)	<input type="checkbox"/> CARES® Round Bar (1.9 mm)	<input type="checkbox"/> CARES® MP-Clip Bar®	<input type="checkbox"/> CARES® Basic Fixed Bar				<input type="checkbox"/> CARES® Advanced Fixed Bar	<input type="checkbox"/> CARES® Milled Bar	<input type="checkbox"/> LOCATOR®*
Dist. from gingiva ____ mm	Dist. from gingiva ____ mm	Dist. from gingiva ____ mm	Dist. from gingiva ____ mm	Dist. from gingiva ____ mm	Dist. from gingiva ____ mm	Dist. from gingiva ____ mm	Dist. from gingiva ____ mm	<input type="checkbox"/> Cross geometry Dist. from gingiva ____ mm	<input type="checkbox"/> Lambda geometry Dist. from gingiva ____ mm	<input type="checkbox"/> Trapezoid geometry Dist. from gingiva ____ mm	<input type="checkbox"/> Staircase geometry Dist. from gingiva ____ mm	Dist. from gingiva ____ mm	Dist. from gingiva ____ mm	Tooth # ____
														

MATERIAL

- coron®
 Titanium Grade IV

EMERGENCE PROFILE FOR SCREW-RETAINED BRIDGE ON BONE LEVEL IMPLANTS

- Anatomic best fit Convex profile Concave profile

TOOTH CHART

- **Bars:** Please indicate platform and tooth # below
- **CARES Screw-Retained bridge only:** Please indicate platform and check all tooth position# replaced by bridge in chart below

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

* For use with Straumann Screw-retained Abutments only
 The attachments for use with the CARES® Milled Bar should be purchased separately

	CARES® SRBB are available on following Straumann® Platforms		Divergence compensation between any two Platforms
Implant Level	Soft Tissue	Regular Neck (RN)	40°
		Wide Neck (WN)	
	Bone Level	Regular CrossFit® (RC)	30°
		Narrow CrossFit® (NC)	
Abutment Level	Straumann® Screw-retained Abutment	Ø 4.6 mm	40°
		Ø 3.5mm	28°

When combining different platforms with each other, the smallest value is applicable

IMPORTANT INFORMATION FOR ORDERING CARES SRBB ON STRAUMANN SCREW-RETAINED ABUTMENTS

The CARES® SRBB are milled based on their master casts. A precise replication of the oral situation is essential for good fitting CARES SRBBs. For abutment-level CARES SRBB, we recommend that you use a master model with abutment analogs, created from an abutment-level clinical impression of the final abutments which have been torqued intra-orally to 35 Ncm into the implants.

If abutments are placed subsequently on the master cast, they need to be torqued to the implant analog to 35N cm, like the intraoral abutment on the implant. Master models with hand-tightened abutments do not represent the oral situation and may lead to a restoration with height distortion. The restoration may appear to fit on the model, but may not fit well in the patient's mouth.

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 have used new and genuine Straumann implant analogs
3. 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 made by anyone other than Straumann.
4. I agree to pay the price plus shipping and sales tax (*if applicable*)
5. I understand the delivery times are dependant upon the materials chosen and my response time to approve the proposed design
6. I have read and understood Straumann's General Terms and Conditions
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

SHIPMENT CHECKLIST

This is a shipping checklist to help you ensure that your order is processed efficiently and accurately
(Please use the shipping box which is supplied by Straumann are required only)

- Signed order form with all required details
- Articulated master casts (*working and opposing model*) with genuine Straumann Implant analog(s) and soft tissue mask
- Bite registration
- Diagnostic waxup of the final prosthesis

It is essential that you send us your diagnostic wax-up in order for us to design a well-fitting prosthesis for you.

MODEL HANDLING (PLEASE SELECT ONE OF THESE OPTIONS)

- The CARES Scan & Shape dental technician may grind the conflicting area on the stone model in order to inspect the fit of the device.
(This only applies if necessary)
- Please do not grind the stone model.** I accept that the fit of the device therefore cannot be inspected thoroughly by the CARES Scan & Shape dental technician

For further information regarding SRBB products, please refer to our website at <http://www.straumann.us/SRBB>

Please ship to:

CARES Scan & Shape Team
Straumann Manufacturing, Inc.
916A 113th Street
Arlington, TX 76011

Comments:

Sign here ▶

(Signature of the customer/date) Required