

Straumann® CARES® Scan & Shape Order Form

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

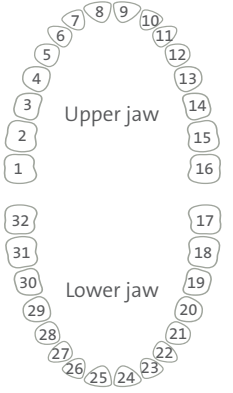
INSTRUCTIONS:

- 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.**



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	

Design & material selection

VITA Shade**	<input type="checkbox"/> NA <input type="checkbox"/> Cutback <input type="checkbox"/> Full Contour	Tooth #	Cement-Retained	Screw-Retained	Straumann implant platform	Lava™ Plus	Zerion® LT®	Zerion® HT®	IPS e.max® CAD	coron®	ticon®	polycon® ae	Orientation Groove
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CARES® X-Stream™

CARES Abutment, Zirconium dioxide*		_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> RN <input type="checkbox"/> NC <input type="checkbox"/> RC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
CARES Abutment, Titanium		_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> RN <input type="checkbox"/> WN <input type="checkbox"/> NC <input type="checkbox"/> RC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARES Abutment, TAN		_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> RC <input type="checkbox"/> NC <input type="checkbox"/> RN <input type="checkbox"/> WN								
Straumann® Variobase® Abutment - 3.5		_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NNC <input type="checkbox"/> RN <input type="checkbox"/> WN <input type="checkbox"/> NC <input type="checkbox"/> RC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Straumann® Variobase® Abutment - 5.5		_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NNC <input type="checkbox"/> RN <input type="checkbox"/> WN <input type="checkbox"/> NC <input type="checkbox"/> RC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Straumann® Variobase® Bridge		_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NNC <input type="checkbox"/> RN <input type="checkbox"/> WN <input type="checkbox"/> NC <input type="checkbox"/> RC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* Not available for WN platform
** Shades match the VITA shade guide
*** For further information about your design specifications, please turn over

Design creation information on back

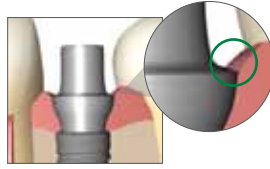


INFORMATION FOR DESIGN CREATION

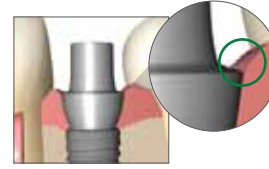
Margin positions

Margins	Suggested:	Please specify:
Buccal/facial:	1.0 mm subgingival	Buccal/facial: _____
Distal:	0.75 mm subgingival	Distal: _____
Mesial:	0.75 mm subgingival	Mesial: _____
Lingual:	0.5 mm subgingival	Lingual: _____

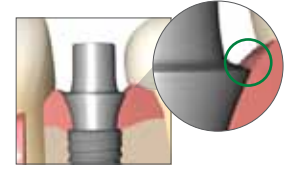
Emergence Profile Options (Please check one)



Anatomic best fit



Convex profile



Concave profile

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 genuine Straumann® Implant analog(s)
<input type="checkbox"/>	Model with soft tissue mask
<input type="checkbox"/>	Bite registration (recommended)
<input type="checkbox"/>	Diagnostic matrix (if required)
From wax-up abutments	
<input type="checkbox"/>	Signed order form with all required details
<input type="checkbox"/>	Waxed-up abutment, using genuine Straumann wax-up sleeves
<input type="checkbox"/>	Model with soft tissue mask (optional)

Do not send Variobase. Order for element only

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 components (such as implant analogs and wax-up sleeves).
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 by me.
4. If applicable, I have provided the wax-up of the abutment shape and this is the design I require. I understand that Straumann will scan this wax-up with no further modification. I know that the wax-up abutment will not be returned to me.
5. I agree to pay the price plus shipping and sales tax (if applicable).
6. I understand the delivery times are dependant upon the materials chosen and my response time to approve the proposed design.
7. I have read and understood the Straumann® CARES® Scan & Shape Process Guide.
8. I have read and understood Straumann's General Terms and Conditions located in the Straumann CARES Scan & Shape Process Guide.
9. I have disinfected all materials prior to shipment to Straumann.
10. 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.

COMMENTS

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.