

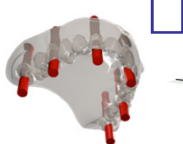
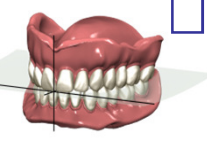




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| Date Sent to Stoneglass: | Received at Stoneglass : |
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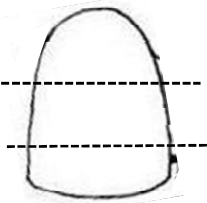
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| Practice Name _____ Dentist Name _____ Practice Address _____ _____ Practice Phone _____ Practice Email _____ | <p align="center">Patient Information</p> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <hr/> First Name _____ <hr/> Surname _____ <hr/> Patient Age (optional) _____ |
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You Are Ordering:

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|  |  |  |  |  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BiiBCAD® Full or Partial Implant Reconstruction | Virtual Removable Implant Bar | Surgeon Guide Design | ProCAD® Digital Denture Solution | Diagnostic Planning | Custom Tooth Library |

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|---|--|
| Records Supplied with Your Case <input type="checkbox"/> Upper Impression (indexed) <input type="checkbox"/> Upper Impression (not indexed) <input type="checkbox"/> Lower Impression (indexed) <input type="checkbox"/> Lower Impression (not indexed) <input type="checkbox"/> Upper Arch Model <input type="checkbox"/> Lower Arch Model <input type="checkbox"/> Bite <input type="checkbox"/> Images Sent With Case | Name of Implant System and <u>DETAILED</u> Description of Your Case _____ _____ _____ _____ |
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| PARTS REQUIRED, Please List _____ _____ _____ | BiiBCAD® Fixed <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> BiiB Bridge <input type="checkbox"/> ABC Bridge <input type="checkbox"/> Hybrid Bridge | BiiBCAD® Removable <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Ti Frame w/ Locators No Of Locators _____ <input type="checkbox"/> CroCo Frame w/ Clips <input type="checkbox"/> Locators to Implant No Of Locators _____ | ProCAD® Digital Denture <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Upper & Lower |
|---|--|--|--|

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| <p>Teeth Material Selection</p> <p><input type="checkbox"/> IPS e.max[®] CAD</p> <p><input type="checkbox"/> BruxZir[®] Monolithic Zirconia</p> <p><input type="checkbox"/> Zirconia Build-Up (additional charges apply)</p> <p><input type="checkbox"/> IPS e.max[®] Anteriors / BruxZir[®] Posteriors</p> <p><input type="checkbox"/> Acrylic</p> <p>Notes _____</p> | <p>Shade Instructions</p> <p>Shade _____</p> <p style="text-align: center;">Occlusal Staining</p> <p><input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark</p> <p style="text-align: center;">Buccal Staining</p> <p><input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark</p> <div style="display: flex; justify-content: space-around; align-items: center;">  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>For Accurate Gum Shading, please send images with your records.</p> </div> </div> |
| <p style="font-size: small;">The accuracy and fit of your patient's prosthetic is determined by the quality and accuracy of the supplied records and bite. By signing this order form you understand and agree that should the finished prosthetic product fit the supplied records accurately, but not fit in the patient's mouth, you are still responsible for payment in full of the related account unless otherwise agreed by Stoneglass Industries. Remakes are at the sole discretion of the company.</p> | |
| <p>Sign Here Please</p> | |
| <p>STAGE and JOB PROGRESS TRACKER</p> | |

Provide your implant company account details here when we are to order on your behalf:

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|---|---------------|------------------|------------------|---------------|
| Impressions & Initial Case Records OR Upload of Scan Data | DATE RECEIVED | DENTIST NOTES | STONEGLASS NOTES | DATE RETURNED |
| Interim Bar & 3D Printed Bite <i>Approximate turn-time X Days</i> | DATE RETURNED | STONEGLASS NOTES | DENTIST NOTES | DATE RECEIVED |
| Try - In <i>Approximate turn-time X Days</i> | DATE RETURNED | STONEGLASS NOTES | DENTIST NOTES | DATE RECEIVED |
| Second Try – In (if applicable) <i>Approximate turn-time X Days</i> | DATE RETURNED | STONEGLASS NOTES | DENTIST NOTES | DATE RECEIVED |
| Issue <i>Approximate turn-time X Days</i> | DATE RETURNED | STONEGLASS NOTES | DENTIST NOTES | DATE RECEIVED |