

Delivery address

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Invoice address

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Account	Date
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## ORDER FORM

### MILLED BARS

<b>Patient</b>	_____
<b>Your reference</b>	_____
<b>Desired date of return</b>	_____

<b>Design</b>	<input type="radio"/> digital design provided to <a href="mailto:cadcam@pro-cam.nl">cadcam@pro-cam.nl</a> <input type="radio"/> model provided, design by milling centre	
	<input type="checkbox"/> approval by email	<b>Email</b>

<b>Model</b>	<input type="checkbox"/> plaster model	<input type="checkbox"/> antagonist provided
	<input type="checkbox"/> soft-tissue model	<input type="checkbox"/> setup in articulator

<b>Bar type</b>	<input type="radio"/> standard <input type="radio"/> hybride <input type="radio"/> conical <input type="radio"/> with locators	<input type="radio"/> 2° <input type="radio"/> 6° <input type="radio"/> 4° <input type="radio"/> _°
		<input type="checkbox"/> extentions [mm] _____
<b>Shape</b>	<input type="radio"/> Dolder® bar u-shaped <input type="radio"/> Dolder® bar egg-shaped <input type="radio"/> Ackermann bar	<input type="radio"/> macro <input type="radio"/> micro diameter [mm] _____
	<b>Materiaal</b>	<input type="radio"/> Ti Gr5 <input type="radio"/> CrCo

<b>Supply also</b>	<input type="checkbox"/> clips/riders	<input type="radio"/> titanium <input type="radio"/> palladium <input type="radio"/> gold
	<input type="checkbox"/> screws <i>Work on CAMLOG, CONELOG and iSy implants is always supplied with original screws.</i>	

	Tooth No.	System	Diameter [mm]	Screw		
				org.	comp.	none
Implant 1						
Implant 2						
Implant 3						
Implant 4						
Implant 5						
Implant 6						

<b>Remarks</b>	_____
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	_____
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