

Signature:

Case#

Data Process / Surgical Plan Preparation Order Form

	Preparation Order Form
Practitioner (Name & Address):	Order Date:
Phone #: e-mail:	
Patient Name:	Return Date:
	(By 5:00 p.m. of the Return Date. Please allow 6 working days in lab.) Seat Date:
Encl: CT Raw DICOM File Dental Cast Study Mdl / Diag. Wax-up Other (Opposing Model Bite
	nplant Surgery Data Review Online Meeting Only
Existing Bone Grafting or Implants: Yes	/ No
Are you planning to extract any tooth?:	
If yes teeth#s:	
you tookiii.o.	
Case Type / Surgical Guide Type	
Partial Edentulous: Teeth Borne Guide	
Edentulous: Planning for Overlay De Fixed Restoration	enture
Area of Interest (teeth #s):	
Would you like us to provide diagnostic w	ax-ups: Yes / No
If yes teeth#s:	
Digital Diag. Wax-up (for planning Manual Diag. Wax-up	g purpose only)
* If you are ordering diag. wax-ups, please * Digital diag. wax-up 2 units or less next to	include the opposing mdl and bite registration. o each other is free of chage.
Prefered implant brand:	
Other Instructions:	

License No.

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* Warning: Please note that segmentation of areas such as nerves and bones (incl. roots) is being done according to our best estimation under various qualities of provided tomography data files, and we do not guarantee the accuracy of it. It should be also noted that IBUR's products and services cannot be used as substitutes for the radiology reports.

Payment Terms

Payment is due 30 days after the invoice date upon acceptance of the credit application. Finance service charges of 1.5% per month will be assessed on all unpaid balances. Customers with outstanding balances of over 60 days will be converted to a C.O.D. basis with an additional \$50.00 added to each case to be applied to the outstanding balance. The customer agrees pay all reasonable attorney fees and/or collection fees incurred in the process of account collections with outstanding balance of over 90 days. The customer agrees to these terms and conditions as stated on each printed IBUR work authorization, invoice and statement. IBUR BioSystems accepts personal checks, cashier's checks, VISA and Master Card for payment.

