



IBUR BioSystems, L.L.C.

330 E Maple Suite T, Troy, Mi. 48083
Ph: 248-585-4964 Fax: 248-585-4991
www.iburbiosystems.com

Case#:

Imaging Aligner Order Form

Terms & Conditions

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.:

Model Opposing Model Bite Impression
Other (_____)

Ordering an Imaging Aligner for : Maxillary / Mandible

Planned teeth extraction (if any): _____

Area of interest for Implant sites: _____

Diagnostic Wax-up / Study Model: Yes No

If yes teeth #s: _____

Other Instructions:

Limitation of Liability

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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.

By signing this, I authorized to proceed with this order and agree with the terms and conditions.

Signature: _____ License No. _____



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