



**IBUR BioSystems, L.L.C.**

330 E Maple Suite T, Troy, Mi. 48083  
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www.iburbiosystems.com

Case#:

**Data Process / Surgical Plan  
Preparation Order Form**

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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.

**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    Opposing Model    Bite  
Study Mdl / Diag. Wax-up    Other ( \_\_\_\_\_ )

**CBCT Scan Data Process / Preparation for:** **Implant Surgery**  
**Data Review Online Meeting Only**

**Existing Bone Grafting or Implants:** Yes / No

**Are you planning to extract any tooth?:** Yes / No

If yes teeth#: \_\_\_\_\_

**Case Type / Surgical Guide Type**

- Partial Edentulous:** Teeth Borne Guide
- Edentulous:** Planning for Overlay Denture  
Fixed Restoration

**Area of Interest (teeth #s):** \_\_\_\_\_

**Would you like us to provide diagnostic wax-ups:** Yes / No

If yes teeth#: \_\_\_\_\_

- Digital Diag. Wax-up (for planning purpose only)
- Manual Diag. Wax-up

\* If you are ordering diag. wax-ups, please include the opposing mdl and bite registration.

\* Digital diag. wax-up 2 units or less next to each other is free of chage.

**Other Instructions:** \_\_\_\_\_

Signature: \_\_\_\_\_ License No. \_\_\_\_\_



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