

PRODUCTION SERVICE ORDER FORM

Please include this form with die shipment

**Send One (1) Order Form Per Patient*

ALLOY: imagenBright™ (87 Au/HNB)

DATE: _____

LAB NAME:

PHONE #:

FAX #:

CONTACT PERSON:

SHIPPING ADDRESS:

BILLING ADDRESS:

PREFERRED DIE PREPARATION

- Please send dies only
- Clearly ditched (1mm undercut)
- Chamfer margin
- White or beige die stone
- Mark lingual side on die base
- **Do Not** outline margin
- **Do Not** harden die

Acceptable die preparations



TOTAL # OF DIES PER CASE: _____

ONE CASE PER PATIENT

CASE #: _____

PATIENT ID:

TOOTH #: _____

LINGUAL BAND _____ mm

360 COLLAR _____ mm

Please include this form with die shipment

PRODUCTION SERVICE ORDER FORM

Please include this form with die shipment

**Send One (1) Order Form Per Patient*

ALLOY: imagenNatural™ (72 Au)

DATE: _____

LAB NAME:

PHONE #:

FAX #:

CONTACT PERSON:

SHIPPING ADDRESS:

BILLING ADDRESS:

PREFERRED DIE PREPARATION

- Please send dies only
- Clearly ditched (1mm undercut)
- Chamfer margin
- White or beige die stone
- Mark lingual side on die base
- **Do Not** outline margin
- **Do Not** harden die

Acceptable die preparations



TOTAL # OF DIES PER CASE: _____

ONE CASE PER PATIENT

CASE #: _____

PATIENT ID:

TOOTH #: _____

LINGUAL BAND _____ mm

360 COLLAR _____ mm

Please include this form with die shipment