

[ORDER FORM] IMPLANT BARS



SkyCAD Dental Technology:
 1638 10th Avenue SW Calgary, AB T3C 0J5
 Office. 403.919.9700 Marketing. 403.970.0600
www.skycadtech.com

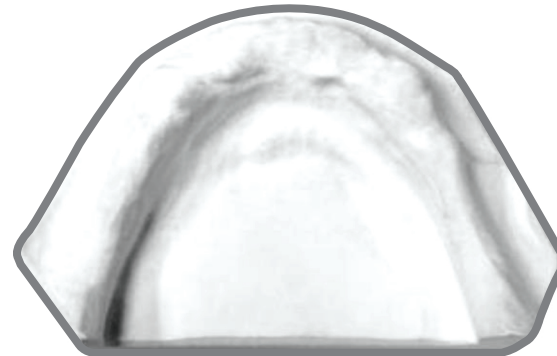
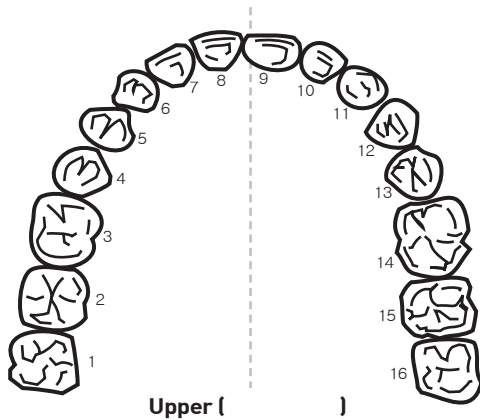
IDENTIFICATION

Dentist		Patient Name*	
Denturist		E-mail*	
Dental Lab		Phone*	

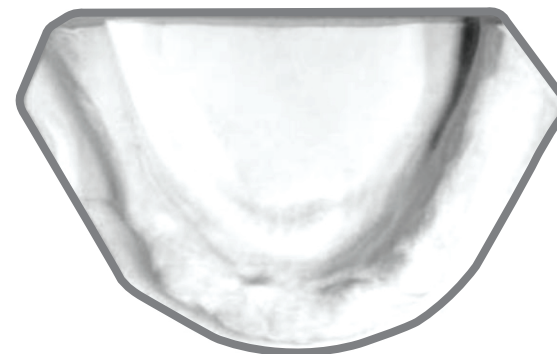
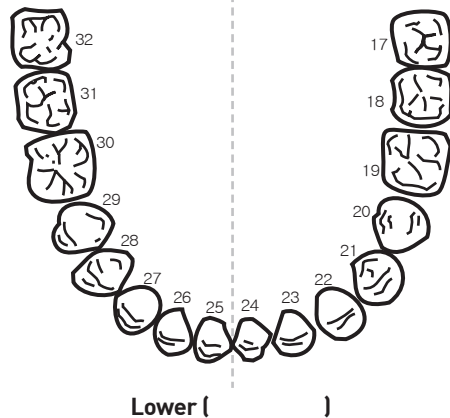
*required information

SECTION: Case Orientation

SECTION: Implant Type



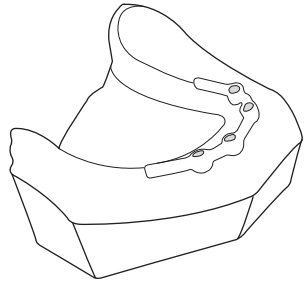
# of Implant	
Implant Brand Name	
Mark it at the relevant position on the model. Mark the position of the attachment on the model with an "X".	



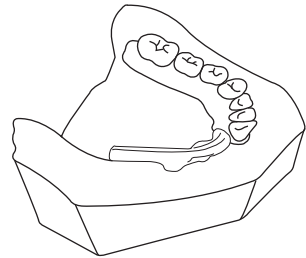
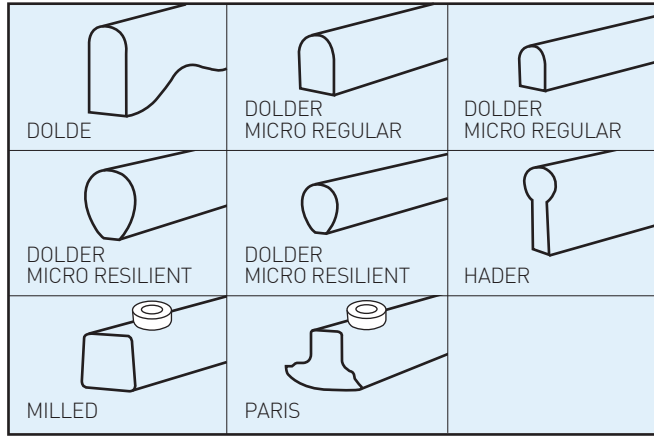
# of Implant	
Implant Brand Name	
Mark it at the relevant position on the model. Mark the position of the attachment on the model with an "X".	

SECTION: Bar Type

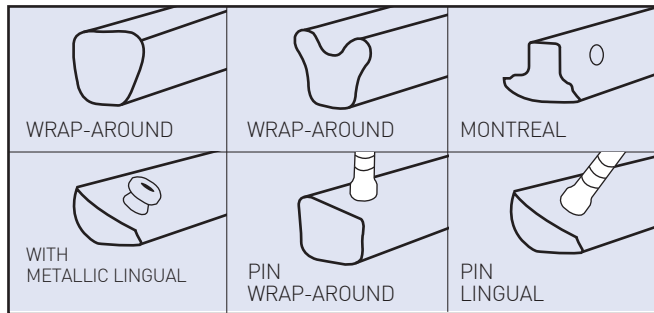
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Removable Bars ()



Fixed Bars ()

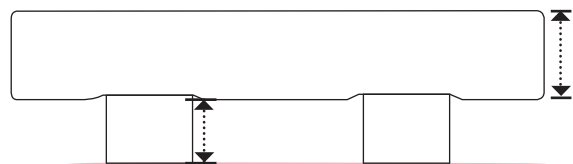


Customize **"Personal Design"**. Please note any dimensions required below:

Notes:

Height of Bar:

mm



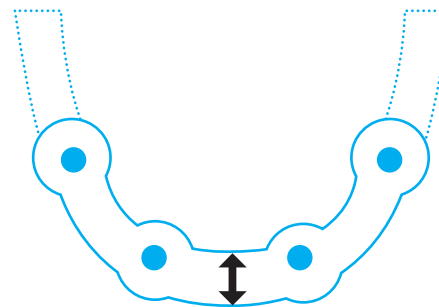
Specify Height: mm

Right Extension:

mm

Left Extension:

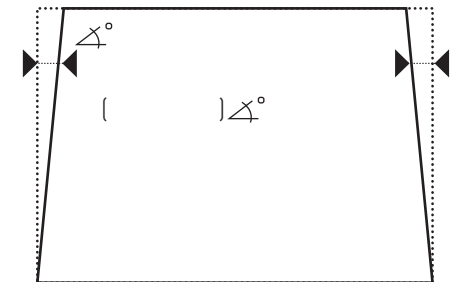
mm



Thickness:

mm

Specify Lingual Angle:



Specify in mm on the figures; or, select followings:

- () As close as possible
- () Follow tissue contour

As of September 1st, 2015, you are capable of making payments to SkyCad Dental Technology Ltd. via **Direct automatic payment** (Using credit card). Your statement will be shortly put through with the credit card numbers which is from your account. This Direct Credit card payment will allow you to have your payments automatically processed. This will be more efficient for you and our company.

Automatic payments will help you in many ways.

- No longer having to write post-dated cheques
- Eliminates the possibility of lost, stolen or forged cheques
- Savings on postage and mailing costs

Feel free to contact us if you have any questions.
Thank you for your business - we appreciate it very much.

Sincerely,
SkyCad Dental Technology Ltd.

Company/Personal Information

Name:

Mailing address:

City:

Province/State:

Postal Code:

Telephone Number:

Payment Information

Name on Card:

Credit Card Number:

Expired Date:

3 Digit Code:

Credit Card Type: VISA MasterCard

Signature: _____