UNiNATURE Dental Enterprise (BC) Inc.
Your Out-Sourcing Partner
Unit 5, 3260 Viking Way, Richmond, British Columbia, Canada V6V 1N6
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BAR ORDER FORM

LABORATORY INFORMATION

DATE REQUIRED

Laboratory Name _____

City _____ Province _____ Postal Code _____

Telephone _____ Email _____

Signature _____

I verify a signed prescription by a licensed dentist is on file for this restoration.
I agree to the terms and conditions set forth by UniNature Dental Enterprise

PLEASE PROVIDE ALL THE INFORMATION INCLUDED BELOW TO BIOCAD, IT IS IMPORTANT FOR THE PRODUCT WARRANTY

Patient Name _____ Denturist _____

Dentist _____

CASE INFORMATION

POSITIONING

✕ Attachment

○ Implant

Implant System & Size:

_____
_____
_____
_____
_____
_____
_____
_____
_____

IMPORTANT

Include the following:

- ☐ Model
- ☐ Wax-up
- ☐ Soft Tissue
- ☐ Wax-up matrix (optional)

Please only include the items listed. For example, do not include the articulator.

Only use new or undamaged implant analogs.

☐ **Please send me images of the design for approval.**
(7 working days following your approval of design)

Name: _____

Email Adress: _____

☐ **Send finished case direct to customer**

☐ **Send finished case to UniNature**

BAR TYPE

FIXED BARS

- ☐ Wrap-around
- ☐ Hybrid Montreal type without metallic lingual
- ☐ Hybrid Montreal type with metallic lingual

REMOVABLE BARS

- ☐ Round

- ☐ Rigid Dolder® micro — Riders: ☐ Gold ☐ Titanium
- ☐ Rigid Dolder® macro
- ☐ Resilient Dolder® micro
- ☐ Resilient Dolder® macro

- ☐ Hader — Reinforcement height: _____ mm

- ☐ Milled Bar
  - Buccal angle: _____ °
    (from 0° to by 0.5° steps)
  - Lingual angle: _____ °
    (from 0° to 10° by 0.5° steps)

** Please specify orientation
(lingual, buccal or occlusal)

Attachments

Ball 2.2 (Bredent)**	QTY: _____
Ball 2.25 (Dalbo®-Plus)	QTY: _____
Ball 2.5 (TSB)	QTY: _____
Locator®	QTY: _____
Ceka®	QTY: _____

☐ Dolder® extensions
Riders: ☐ Gold ☐ Titanium

ADDITIONAL DETAILS

Extensions length: ..... _____ mm

Distance from tissue: ..... _____ mm

Orolingual thickness: ..... _____ mm

Bar height: ..... _____ mm

☐ KAL System

COMMENTS

_____
_____
_____
_____
_____
_____

PAYMENT OPTIONS

- ☐ i. Credit Card on File
- ☐ ii. Check Enclosed
- ☐ iii. New Credit Card – See new credit card information
- ☐ iv. Other_____

New Credit Card Information: ☐ VISA ☐ Mastercard ☐ American Express

Card #_____ Exp_____

Name on Card _____

Address (if different than shipping)_____

_____

Cardholder Signature_____ Date _____