

# Zimmer | Zfx ORDER FORM

ZIMMER CASE #:

FOR OFFICE USE ONLY

**Zimmer Dental**

Attn: **Zimmer Zfx Department**  
 5939 Darwin Court, Suite 109, Carlsbad, CA 92008 USA  
 Phone: 1 (760) 918-3600 Fax: 1 (760) 929-4375  
 Email: zfx.ca@zimmer.com

**Section 1: Abutment Design Preferences**

Billing Customer Name:

Patient Name/Case Number:

**IMPORTANT:** Please indicate specific case preferences below.

| Tooth #   | Implant Information | Platform Diameter (mm) | Abutment Material                    |          | Shade (if Zirconia) See Design Guidelines | Margin Depths in mm (default indicated in example) |     |     |    | Margin Design (Select One) |         | Emergence Design |   |   | Duplicate Abutment |
|-----------|---------------------|------------------------|--------------------------------------|----------|---|--|-----|-----|----|----------------------------|---------|------------------|---|---|--------------------|
|           |                     |                        | Titanium                             | Zirconia |   | B/F  | D   | M   | L  | Shoulder (default)         | Chamfer | a                | b | c |                    |
|           |                     |                        | Please select from 3 design options. |          |   |  |     |     |    |                            |         |                  |   |   |                    |
| Example 5 | TSV                 | 4.5                    |                                      | X        | 1   | 1.0  | .75 | .75 | .5 |                            | X       |                  |   | X |                    |
|           |                     |                        |                                      |          |   |  |     |     |    |                            |         |                  |   |   |                    |
|           |                     |                        |                                      |          |   |  |     |     |    |                            |         |                  |   |   |                    |
|           |                     |                        |                                      |          |   |  |     |     |    |                            |         |                  |   |   |                    |
|           |                     |                        |                                      |          |   |  |     |     |    |                            |         |                  |   |   |                    |
|           |                     |                        |                                      |          |   |  |     |     |    |                            |         |                  |   |   |                    |
|           |                     |                        |                                      |          |   |  |     |     |    |                            |         |                  |   |   |                    |
|           |                     |                        |                                      |          |   |  |     |     |    |                            |         |                  |   |   |                    |

**a** Ideal may require surgical placement



**b** Blanching OK (default)

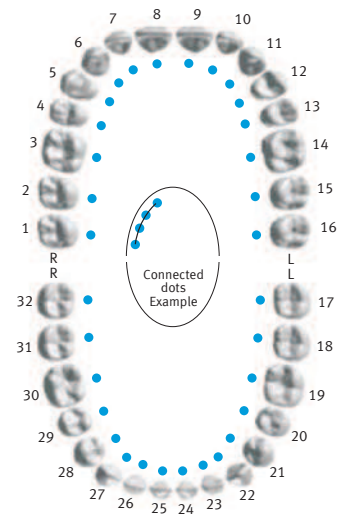


**c** No Blanching follow soft tissue of model provided



**Parallel Abutments**

Connect blue dots for parallel abutments.



**Splinted Restorations**

Connect blue dots for splinted restorations.

**Section 2: Restorative Case Description**

**IMPORTANT:** Please indicate specific case preferences below.

| Tooth #   | Indication     | Material | Shade (if applicable) See Design Guidelines | Additional Information |
|-----------|----------------|----------|---|------------------------|
| Example 6 | Anatomic Crown | Zr       | 1   |                        |
|           |                |          |   |                        |
|           |                |          |   |                        |
|           |                |          |   |                        |
|           |                |          |   |                        |
|           |                |          |   |                        |
|           |                |          |   |                        |
|           |                |          |   |                        |
|           |                |          |   |                        |

**Indication**

- Anatomic Crown
- Anatomic Pontic
- Anatomic Coping
- Reduced Pontic
- Offset Coping
- Inlay
- Onlay
- Veneer

**Material:**

- Titanium - Ti
- Zirconia - Zr (shade)
- IPS e.max® (shade)
- Non-Precious - CoCr
- PMMA (for Casting)
- PMMA Temp (shade)
- Wax

**Additional Information:**

Cement gap:                      Ⓞ 0.05mm (default)    Other: \_\_\_\_\_  
 Distance from opposing dentition:    Ⓞ 2.0mm (default)    Other: \_\_\_\_\_  
 Please specify splinted units on the diagram to the right.

**HOLD case for approval.** Please email confirmation design images  
 Email: \_\_\_\_\_  
**Note: Case will proceed without customer approval if hold box is unchecked.**

Additional form(s) enclosed

## Section 3: Identification/Shipping Information

### CASE INFO

Patient Name/Case Number: \_\_\_\_\_

Zip code of prescribing clinician **(REQUIRED)**: \_\_\_\_\_

### BILLING INFORMATION

Zimmer Account Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### SHIPPING INFORMATION

Same as billing

Company Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### SHIPPING PREFERENCE

Carrier: FedEx  Delivery Options:  Next Day AM \$28.80  Next Day PM \$19.20  2-Day (default) \$14.95

All products are shipped ex-works/FOB point of shipment.

### ORDERING AND DELIVERY

Estimated Timing\* (Business Days)

| Quantity           | 1-3 units | 4+ units |
|--------------------|-----------|----------|
| Titanium Abutments | 3-5 Days  | 5-7 Days |
| Zirconia Abutments | 5-7 Days  | 7-9 Days |
| Restorative Units  | 3-4 Days  | 5-6 Days |

\*Shipping time is not included. The day the order is received is not included. Turnaround time is cumulative for cases with Abutments and Restorative Units.

**For estimated timing on products, please call Customer Service at 1 (760) 918-3600.**

### CASE REQUIREMENTS CHECKLIST

The following materials are **REQUIRED** to process each case. Ensure all appropriate boxes are checked before shipping case to Zimmer.

#### Abutment Case

- Soft Tissue Model Including Adjacent Teeth
- Opposing Model
- Bite Registration

#### Restorative Case

- Pinned, Section and Trimmed Dies
- Opposing Model
- Bite Registration

#### Abutment and Restorative Case

- Soft Tissue Model (Adjacent Teeth, preps, edentulous areas and implants must be individually pinned and soft tissue must be at least 3/8" deep and reusable)
- Opposing Model
- Bite Registration

**If items listed are not provided, Zimmer Dental will contact you and your case may be delayed.**

#### Additional Case Instructions/Comments:

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