

**ORDER FORM | SICAT OPTISLEEP**

Date:

**BILLING ADDRESS**

Practice:	Customer No.:
Street / House No.:	Floor:
City / State	ZIP Code:
Country:	Phone:
Email:	Fax:
Practitioner:	VAT-ID:

**SHIPPING ADDRESS** *if different from billing address*

Practice:	ZIP / City:
Street / House No.:	Country:

**CASE INFORMATION**

Patient / Case ID:

Special Information,  
Comments etc.:

**ORDER INFORMATION**

Article No.	Product / Service	Quantity	Unit Price (excl. VAT)	Total Price (excl. VAT)
1040140	SICAT OPTISLEEP based on optical scans			
1040190	SICAT OPTISLEEP Duplicate (Design unchanged)			
	Shipping Costs			

**DISCOUNT CODE**
*Please note that the billing is done on your final invoice!*

Payment information provided (You can do this in the account settings of your SICAT customer account via the SICAT Portal)

I herewith accept the [General Terms & Conditions](#) of SICAT GmbH & Co. KG as well as the [Manufacturing Conditions](#) in their current version.

**Follow the instructions in the corresponding quick guide, available in the download area of the SICAT website on sleep medicine.**

**Transmitting the order data with digital intraoral scans**

Please save this order form together with the STL data of both jaws in therapy position for the SICAT OPTISLEEP in a ZIP file. Then upload them in the SICAT Portal as described in the instructions.