

### 1. Lab Information

Prescribing Clinician Zip Code: \_\_\_\_\_  
 Patient ID# \_\_\_\_\_  
 Bill To: \_\_\_\_\_  
 Account Name \_\_\_\_\_  
 Account# \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

Ship To:  Same Address As Bill To

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### 2. Preparing Your Case For Shipment

**IMPORTANT:**

- Only use new implant analogs.
- Please do not send the articulator.
- Missing information or components can delay your case.

Please include only the following items:

- Copy of the completed Work Order
- Verified/accurate soft-tissue cast
- Resin pattern if CopyMilled Bar is desired
- Verified denture wax set-up, decontaminated
- Decontaminated intraorally verified index

Send to: BIOMET Spain BellaTek® Dpt.  
 Calle Islas Baleares, 50  
 46988 Fuente del Jarro (Valencia), Spain

### \*3. Structure Type \*See Compatibility Chart in the Procedure and Laboratory Manual (ART868EU)

<p><b>Overdentures</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hader</li> <li><input type="checkbox"/> Dolder® U shape Macro → 2.2mm</li> <li><input type="checkbox"/> Dolder Egg shape Macro → 2.2mm</li> <li><input type="checkbox"/> Primary ____° Taper</li> <li><input type="checkbox"/> Hader anterior, Primary distal</li> <li><input type="checkbox"/> Dolder anterior, Primary distal</li> </ul>	<p><b>Fixed Solutions</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hybrid #1</li> <li><input type="checkbox"/> Hybrid #2</li> <li><input type="checkbox"/> Wraparound</li> <li><input type="checkbox"/> Free Form</li> <li><input type="checkbox"/> CopyMilled Cobalt Chrome (Ceramic veneering)</li> <li><input type="checkbox"/> CopyMilled Commercially Pure Titanium (Ceramic veneering)</li> <li><input type="checkbox"/> CopyMilled Titanium Alloy (Acrylic finishing)</li> </ul>
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### \*4. Case Information \*See Compatibility Chart in the Procedure and Laboratory Manual (ART868EU)

Tooth Position	Implant Brand	Implant System	Implant Platform Diameter	Abutment Type
				or
				or
				or
				or
				or
				or
				or
				or

### 5. Design Instructions

- See the BellaTek Bars and Frameworks Design Matrix (ART868EU)
- Maximum implant divergence is 30°

**Distal Extensions**

**Patient's Left**

- To 2nd bicuspid
- To 1st molar
- To 2nd molar
- Specify in mm = \_\_\_\_\_mm

**Patient's Right**

- To 2nd bicuspid
- To 1st molar
- To 2nd molar
- Specify in mm = \_\_\_\_\_mm

**Space Between Tissue And Bar Distance**

- As close as possible
- Specify in mm = \_\_\_\_\_mm

**Shape**

- Follow tissue contour
- Straight

**Bar Height**

- Specify in mm = \_\_\_\_\_mm (min. height 2.5mm)

### Tap Areas For Attachments

**Occlusal Taps**

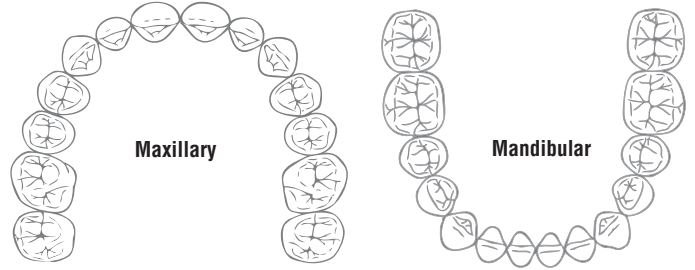
- LOCATOR®
- TSB Ball
- Ceka® M3
- 1.4mm 0.3 Tap for GSH30
- 2mm 0.4 Tap for UNIHT

**Vestibular Taps**

- Swiss-loc drill only
- Low Passive
- 1.5mm no tap drill only
- 2.2mm Bredent VKS

Design bar according to the drawings below

● = Implant Position    ■ = Clip Placement    ▲ = Attachment



### 6. Special Instructions

Please see back or attached page.

### 7. BIOMET 3i Screw Ordering Contact manufacturer for screws not made by BIOMET 3i.

I would not like to order screws at this time.

Certain® Abutment Screws	Qty.
Gold-Tite® Hexed Large Diameter (ILRGHG)	_____
Titanium Hexed Large Diameter (ILRGHT)	_____
External Hex Abutment Screws	
Gold-Tite Square (UNISG)	_____
Gold-Tite Hexed (UNIHG)	_____
Titanium Hexed (UNIHT)	_____
Laboratory Square Try-in Screw - 5 pack (UNITS)	_____
Retaining Screws	
Gold-Tite, 2mm(H) (GSH20)	_____
Gold-Tite, 3mm(H) (GSH30)	_____
Gold-Tite, 7mm(H) (GSH70)	_____
Low Profile Gold-Tite (LPCGSH)	_____
Low Profile Titanium (LPCTSH)	_____
Waxing Screws	
Certain - Implant Level, 16mm (IWSU30)	_____
Ex Hex - Implant Level, 15mm (WSU30)	_____
Abutment Level, 10mm (WSK10)	_____
Abutment Level, 15mm (WSK15)	_____
Low Profile Abutment (LPCWS)	_____

### 8. Attachment Ordering

	Qty.
LOCATOR Bar Attachment Kit (LOAB)	_____
Hader Clip Gold (ORCG1)	_____
Hader Clip Plastic (ORCY1)	_____

### 9. Certification

I certify that the analog positions on the cast and the wax try-in have been verified for accuracy and the stated information is correct. All items that have contacted the oral environment have been decontaminated. This form authorizes BIOMET 3i to fabricate the BellaTek Bar using and consistent with the information provided on this Work Order. I have reviewed the applicable Procedure and Laboratory Manual (ART868EU) for this product.

Technician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Job # \_\_\_\_\_

Issued By \_\_\_\_\_



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