

*1. Account Information (Please Print Or Type) *Indicates Required Fields

* **Customer Name:** _____
 BIOMET 3i Account #: _____
 * **Bill To:** _____

 Ship To: _____

 * **Contact:** _____
 * **Phone:** _____
 Fax: _____
 * **Email:** _____
 * **Patient ID:** _____

2. Preparing Your Case For Shipment

IMPORTANT: Please include **only** the following items:
 • **Only use new implant analogs.** Copy of the completed Work Order
 • **Please do not send the articulator.** Verified/accurate soft-tissue cast
 • **Missing information or components can delay your case.** Resin pattern if Copymilled Bar is desired
 • **Only use current Work Order Form online at bellatek.biomet3i.com.** Verified denture wax set-up (decontaminated)
 Intraorally verified index (decontaminated)

**3. Structure Type **See Compatibility Chart in the Procedure and Laboratory Manual (INST868)

Overdentures	Combination	Fixed Solutions
<input type="checkbox"/> Hader	<input type="checkbox"/> Hader anterior, Primary distal	<input type="checkbox"/> Hybrid #1
<input type="checkbox"/> DOLDER® U Shape Macro ↔ 2.2mm	<input type="checkbox"/> Hader anterior, DOLDER distal	<input type="checkbox"/> Hybrid #2
<input type="checkbox"/> DOLDER Egg Shape Macro ↔ 2.2mm	<input type="checkbox"/> DOLDER anterior, Primary distal	<input type="checkbox"/> Wraparound
<input type="checkbox"/> Primary ____° Taper	<input type="checkbox"/> DOLDER anterior, Hader distal	<input type="checkbox"/> Free Form
	<input type="checkbox"/> Primary anterior, Hader distal	<input type="checkbox"/> Copymilled for acrylic (default)
	<input type="checkbox"/> Primary anterior, DOLDER distal	<input type="checkbox"/> Copymilled for porcelain
		<input type="checkbox"/> Canada Bar

By submitting this Work Order, you acknowledge and agree that **Copymilled Bars** are designed by the lab/ordering physician.

**4. Case Information **See Compatibility Chart in the Procedure and Laboratory Manual (ART868)

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 (MKT736) online at www.biomet3i.com
- 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

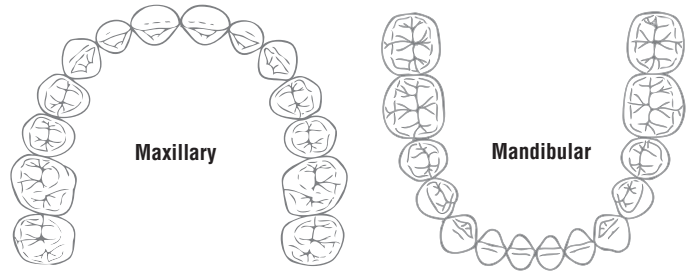
Shape
 Follow tissue contour
 Straight

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	Qty.
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	Qty.
Certain - Implant Level, 16mm (IWSU30)	_____
External Hex - Implant Level, 15mm (WSU30)	_____
Abutment Level, 10mm (WSK10)	_____
Abutment Level, 15mm (WSK15)	_____
Low Profile Abutment (LPCWS)	_____

8. Attachment Ordering

LOCATOR® Bar Attachment Kit (LOAB)	Qty.
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 (INST868) for this product.

Job # _____
 Issued By _____



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