

BellaTek® Work Order Form



Account Name: _____
 Prescribing Postal Code: _____
 Lab/Customer: _____
 Patient Reference: _____

Customer Address: _____

 Ship To: _____

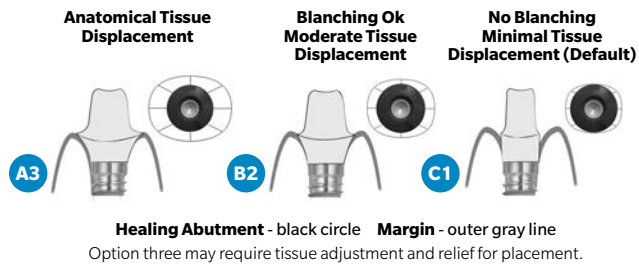
 Phone: _____

Design Review Needed?

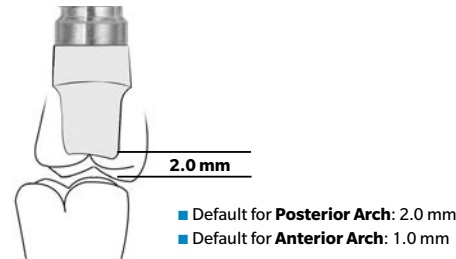
Yes No

If yes, please fill in email below:

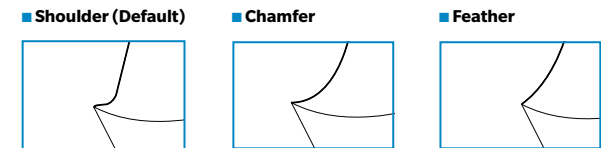
Tissue Displacement Options



Final Abutment Clearance



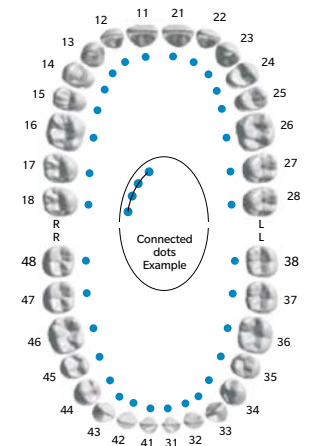
Margin Design



Tooth #	Implant		Abutment Type Titanium*	Margin Placement (Please select Supra or Sub when choosing margins)				Margin Design			Tissue Displacement Please select from 3 design options.			Final Abutment Clearance	
	Implant Type	Platform Diameter (mm)		<input type="checkbox"/> Apply same setting for all abutments				Shoulder (default)	Chamfer	Feather	A3	B2	C1	Min	Max
				B/F	D	M	L								
				<input type="checkbox"/> Supra <input type="checkbox"/> Sub <input type="checkbox"/> Flush	<input type="checkbox"/> Supra <input type="checkbox"/> Sub <input type="checkbox"/> Flush	<input type="checkbox"/> Supra <input type="checkbox"/> Sub <input type="checkbox"/> Flush	<input type="checkbox"/> Supra <input type="checkbox"/> Sub <input type="checkbox"/> Flush								
				<input type="checkbox"/> Supra <input type="checkbox"/> Sub <input type="checkbox"/> Flush	<input type="checkbox"/> Supra <input type="checkbox"/> Sub <input type="checkbox"/> Flush	<input type="checkbox"/> Supra <input type="checkbox"/> Sub <input type="checkbox"/> Flush	<input type="checkbox"/> Supra <input type="checkbox"/> Sub <input type="checkbox"/> Flush								
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				<input type="checkbox"/> Supra <input type="checkbox"/> Sub <input type="checkbox"/> Flush	<input type="checkbox"/> Supra <input type="checkbox"/> Sub <input type="checkbox"/> Flush	<input type="checkbox"/> Supra <input type="checkbox"/> Sub <input type="checkbox"/> Flush	<input type="checkbox"/> Supra <input type="checkbox"/> Sub <input type="checkbox"/> Flush								

Parallel Abutments

Connect blue dots for parallel abutments.



Splinted Restorations

Connect blue dots for splinted restorations.

* If abutment type not selected, default to titanium.

Special Instructions:

The Information you supply will be used by Zimmer Biomet or its affiliates for administrative purposes and process in compliance with applicable data protection legislation. Zimmer Biomet or its affiliates will comply with its respective obligations under the provisions of applicable national and EU Data Protection laws, including but not limited to customers rights as data subject. No patient data shall be provided without a valid legal basis. All patient data shall be de-identified in accordance with applicable laws requirements. Please check Zimmer Biomet website to obtain information on Zimmer Biomet privacy policy as well as contact data for questions, concerns or complaints about the policy or the collection, use, disclosure, transfer, access, or opting out of uses of personal data.

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Certification (by submitting this Work Order Form you certify the following):

- The stated information is correct, the submitted materials are accurate and do not contain metal.
- All items that have contacted the oral environment have been decontaminated.
- I have reviewed the applicable instructions (INST1079, INST1080, INST1120, INST1147, INST1156, INST1161) for this product.
- On behalf of the dentist (if not the dentist) that the soft-tissue has matured and healed completely.

This form authorizes the following:

- Fabrication of patient specific abutments
- Placement of analogs
- Modification of working models not consistent with applicable guidelines