

## Work Order Form

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

\* **Customer Name:** \_\_\_\_\_  
**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 [zimmerbiometdental.com](http://zimmerbiometdental.com).**  Verified denture wax set-up (decontaminated)
- Intraorally verified index (decontaminated)

### 3. Structure Type (See Design Options in the BellaTek Bars & Frameworks Laboratory Manual-ZBINST0005)

Overdentures	Fixed Solutions
<input type="checkbox"/> Hader	<input type="checkbox"/> Hybrid #1
<input type="checkbox"/> DOLDER® U Shape Macro 2.2 mm	<input type="checkbox"/> Hybrid #2
<input type="checkbox"/> DOLDER Egg Shape Macro 2.2 mm	<input type="checkbox"/> Wraparound
<input type="checkbox"/> Primary_ °Taper	<input type="checkbox"/> Free Form
<input type="checkbox"/> Hader anterior, Primary distal	<input type="checkbox"/> CopyMilled Cobalt Chrome (Ceramic veneering)
<input type="checkbox"/> DOLDER anterior, Primary distal	<input type="checkbox"/> CopyMilled Commercially Pure Titanium (Ceramic veneering)
	<input type="checkbox"/> CopyMilled Titanium Alloy (Acrylic finishing)

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 BellaTek Bars & Frameworks Laboratory Manual-ZBINST0005)

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

### 5. Design Instructions

(See Compatibility Chart in the BellaTek Bars & Frameworks Laboratory Manual-ZBINST0005)

- Maximum implant divergence is 30°

**Distal Extensions**

**Patient's Left**

- To 2<sup>nd</sup> bicuspid
- To 1<sup>st</sup> molar
- To 2<sup>nd</sup> molar
- Specify in mm = \_\_\_\_\_ mm

**Space Between Tissue And Bar Distance**

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

**Bar Height**

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

**Tap Areas For Attachments**

**Occlusal Taps**

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

**Patient's Right**

- To 2<sup>nd</sup> bicuspid
- To 1<sup>st</sup> molar
- To 2<sup>nd</sup> molar
- Specify in mm = \_\_\_\_\_ mm

**Shape**

- Follow tissue contour
- Straight

**Vestibular Taps**

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

### Copymill Frameworks

No polishing is required

- Polish cylinders (default)
- Cylinders + basal, palatal/lingual side or marked areas on the acrylic pattern
- Design bar according to the drawings below.

● = Implant Position      ■ = Clip Placement



### 6. Special Instructions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
 Please see back or attached page.

### 7. Screw Ordering

- I would **not** like to order screws at this time.

Certain® Abutment Screws	Qty.
TSV Tapered Abutment Screws (SCTS)	_____
Gold-Tite® Hexed Large Diameter (ILRGH)	_____
Titanium Hexed Large Diameter (ILRGHT)	_____
<b>External Hex Abutment Screws</b>	
Gold-Tite Square (UNISG)	_____
Gold-Tite Hexed (UNIHG)	_____
Titanium Hexed (UNIHT)	_____
Laboratory Square Try-in Screw - 5 pack (UNITS)	_____
<b>Retaining Screws</b>	
Low Profile Gold-Tite (LPCGSH)	_____
Low Profile Titanium (LPCTSH)	_____
<b>Waxing Screws</b>	
Certain - Implant Level, 16 mm (IWSU30)	_____
External Hex - Implant Level, 15 mm (WSU30)	_____
Low Profile Abutment (LPCWS)	_____

### 8. Attachment Ordering

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

### 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 Zimmer Biomet Dental to fabricate the BellaTek Bar using and consistent with the information provided on this Work Order. I have reviewed the applicable BellaTek Bars & Frameworks Laboratory Manual (ZBINST0005) for this product.

Job # \_\_\_\_\_ Issued By# \_\_\_\_\_

**Please send your BellaTek Bars & Frameworks Case to:**  
Biomet 3i Dental Iberica - Zimmer Biomet Milling Center  
Calle Islas Baleares, 50 • 46988 Paterna • Valencia, Spain  
34-96-137-95-36/34-96-137-95-38

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