

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.** Verified denture wax set-up (decontaminated)
- Intraorally verified index (decontaminated)

3. Structure Type (See Design Options in the BellaTek Bars & Frameworks Laboratory Manual-ZBINST868)

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	<input type="checkbox"/> Hader anterior, DOLDER distal	<input type="checkbox"/> Hybrid #2
↔ 2.2 mm	<input type="checkbox"/> DOLDER anterior, Primary distal	<input type="checkbox"/> Wraparound
<input type="checkbox"/> DOLDER Egg Shape Macro	<input type="checkbox"/> DOLDER anterior, Hader distal	<input type="checkbox"/> Free Form
↔ 2.2 mm	<input type="checkbox"/> Primary anterior, Hader distal	<input type="checkbox"/> Copymilled for acrylic (default)
<input type="checkbox"/> Primary_ *Taper	<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 BellaTek Bars & Frameworks Laboratory Manual-ZBINST868)

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

5. Design Instructions

(See the Design Matrix in the BellaTek Bars & Frameworks Laboratory Manual-ZBINST868)

- Maximum implant divergence is 30°

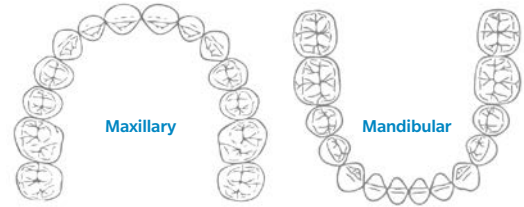
Distal Extensions	Patient's Right
Patient's Left	<input type="checkbox"/> To 2 nd bicuspid
<input type="checkbox"/> To 2 nd bicuspid	<input type="checkbox"/> To 1 st molar
<input type="checkbox"/> To 1 st molar	<input type="checkbox"/> To 2 nd molar
<input type="checkbox"/> To 2 nd molar	<input type="checkbox"/> Specify in mm = _____ mm
<input type="checkbox"/> Specify in mm = _____ mm	
Space Between Tissue And Bar Distance	Shape
<input type="checkbox"/> As close as possible	<input type="checkbox"/> Follow tissue contour
<input type="checkbox"/> Specify in mm = _____ mm	<input type="checkbox"/> Straight
Bar Height	
<input type="checkbox"/> Specify in mm = _____ mm (min. height 2.5 mm)	

Tap Areas For Attachments

- | | |
|---|---|
| Occlusal Taps | Vestibular Taps |
| <input type="checkbox"/> LOCATOR® | <input type="checkbox"/> Swiss-loc drill only |
| <input type="checkbox"/> TSB Ball | <input type="checkbox"/> Low Passive |
| <input type="checkbox"/> Ceka® M3 | <input type="checkbox"/> 1.5 mm no tap drill only |
| <input type="checkbox"/> 1.4 mm 0.3 Tap for GSH30 | <input type="checkbox"/> 2.2 mm Bredent VKS |
| <input type="checkbox"/> 2 mm 0.4 Tap for UNIHT | |

Design bar according to the drawings below.

● = Implant Position ■ = Clip Placement ▲ = Attachment



6. Special Instructions

 Please see back or attached page.

7. Screw Ordering / Contact manufacturer for screws not made by Zimmer Biomet.

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

Certain® Abutment Screws	Qty.
TSV Tapered Abutment Screws (SCTS)	_____
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	
Low Profile Gold-Tite (LPCGSH)	_____
Low Profile Titanium (LPCTSH)	_____
Waxing Screws	
Certain - Implant Level, 16 mm (IWSU30)	_____
External Hex - Implant Level, 15 mm (WSU30)	_____
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 Zimmer Biomet Dental 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 (ZBINST868) for this product.

Job # _____ Issued By# _____

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