

# BellaTek® Bars and Frameworks 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:

- Only use new implant analogs.
  - Please do not send the articulator.
  - Missing information or components can delay your case.
  - Only use current Work Order Form online at zimvie.com/dental.
- 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)
  - Intraorally verified index (decontaminated)

## 3. Structure Type

(See Design Options in the BellaTek Bars and Frameworks Laboratory Manual-ZBINST868)

### Overdentures

- Hader
- DOLDER® U Shape Macro  
← 2.2 mm
- DOLDER Egg Shape Macro  
← 2.2 mm
- Primary\_ \_Taper

### Combination

- Hader anterior, Primary distal
- Hader anterior, DOLDER distal
- DOLDER anterior, Primary distal
- DOLDER anterior, Hader distal
- Primary anterior, Hader distal
- Primary anterior, DOLDER distal

### Fixed Solutions

- Hybrid #1
- Hybrid #2
- Wraparound
- Free Form
- Copymilled for acrylic (default)
- Copymilled for porcelain
- 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 and Frameworks Laboratory Manual-ZVINST0114

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

## 5. Design Instructions

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

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

- 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

### 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)

### Shape

- Follow tissue contour
- Straight

## Tap Areas for Attachments

### Occlusal Taps

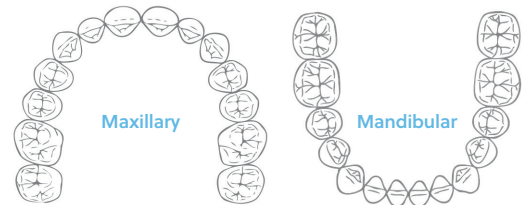
- OverdenSURE®
- TSB Ball
- Ceka® M3
- 1.4 mm 0.3 Tap for GSH30
- 2 mm 0.4 Tap for UNIHT

### Vestibular Taps

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

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 ZimVie Dental)

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

### Certain® Abutment Screws

- 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)

Qty.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 8. Attachment Ordering

- OverdenSURE® Abutment Bar Attachment (ODS-BARAT01 QTY 1) \_\_\_\_\_
- OverdenSURE® Abutment Bar Attachment (ODS-BARAT02 QTY 2) \_\_\_\_\_
- OverdenSURE® Abutment Bar Attachment (ODS-BARAT04 QTY 4) \_\_\_\_\_
- Hader Clip Gold (ORCG1) \_\_\_\_\_
- Hader Clip Plastic (ORCY1) \_\_\_\_\_

Qty.

## 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 ZimVie 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 (ZVINST0114) for this product.

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

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