LAB INFORMATION

Prescribing Clinician Zip Code:_____

Patient ID#_____

Bill To:

Account Name_____

Account#_____

Contact_____

Address_____

_____

City_____ State_____ Zip_____

Phone_____

Email_____

Ship To:

Name_____

Address_____

_____

City_____ State_____ Zip_____

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 (ART1090, ART1087, ART1120) for this product.

This form authorizes:

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

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ART881
REV L 04/13

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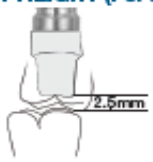
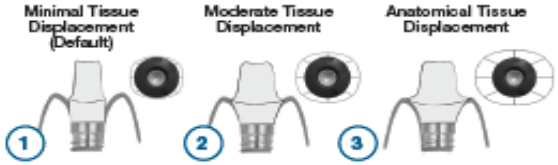
BellaTek® Encode® Impression System Work Order Form

FINAL ABUTMENT HEIGHT (For reference only)



Default 2.5mm from opposing or adjacent dentition, whichever marginal ridge is lower, unless otherwise specified

TISSUE DISPLACEMENT (For reference only)



Healing Abutment - black circle **Margin** - outer gray line
Option three may require tissue adjustment and relief for placement.

MARGIN STYLE (For reference only)

❑ Apply same settings for all abutments

SPECIAL INSTRUCTIONS

Design Review ❑ Lab Screws (5-pack) ❑

Final Gold-Tite® Screw ❑ Duplicate Abutment ❑

Case Information: Abutments will be designed to match the emergence profile of the BellaTek® Encode Healing Abutment unless otherwise noted. Abutments will be designed to match default settings unless otherwise specified. Please note any other special instructions below.

Other Instructions:_____

❑ Please send images for review

❑ Please proceed without review

❑ Robocast only ❑ Make Parallel*

*Specify tooth number for parallel abutments in Other Instructions

Tooth #	Abutment Material	Margin Style	Margin Depth				Tissue Displacement	Final Abutment Height Clearance
			Buccal	Lingual	Distal	Mesial		