

LAB INFORMATION

Prescribing Clinician Zip Code: _____

Patient ID _____

Bill To:

Account Name _____

Account No _____

Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Ship To: Same as billing address?

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 disinfected.
- I have reviewed the applicable instructions (ART1080, ART1087, ART1120) for this product.

This form authorizes

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



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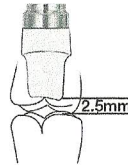


ART881
REV L 04/13

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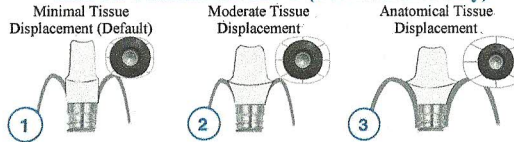
BellaTek™ Encode® Impression System Work Order Form

FINAL ABUTMENT HEIGHT (For reference only)



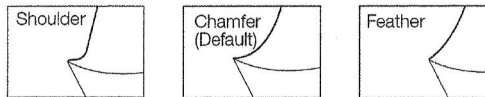
Default 2.5mm from opposing or adjacent dentition, whichever marginal ridge is lower, unless otherwise specified.

TISSUE DISPLACEMENT (For reference only)



Healing Abutment - black circle Margin - outer grey line
Option 3 may require tissue adjustment and relief for placement

MARGIN STYLE (For reference only)



Apply same settings for all abutments

Save (and or) Print

SPECIAL INSTRUCTIONS

Design Review

Lab Screws (5-Pack)

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.

BellaTek Abutments and Gold-tite screws are now packaged together and share a combined part number. If you would like to order extra screws, please do so below.

Other Instructions:

Make Parallel*

*Specify tooth number for parallel abutments in Other Instructions

Tooth # Change Numbering	Abutment Material	Margin Style	Margin Depth				Tissue Displacement	Final Abutment Height Clearance
			Buccal	Lingual	Distal	Mesial		
Robocast Only ↓								
No. <input type="checkbox"/>								
No. <input type="checkbox"/>								
No. <input type="checkbox"/>								
No. <input type="checkbox"/>								