

## 1. Lab Information

Prescribing Clinician Zip Code: \_\_\_\_\_  
 Patient ID# \_\_\_\_\_  
 Bill To: \_\_\_\_\_  
 Account Name \_\_\_\_\_  
 Account# \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

Ship To:  Same Address As Bill To

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 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.

Please include only the following items:

- Copy of the completed Work Order
- Verified/accurate soft-tissue cast
- Resin pattern if CopyMill Bar is desired
- Verified denture wax set-up, decontaminated
- Decontaminated intraorally verified index

Send to: BIOMET Spain BellaTek® Dpt.  
 Calle Islas Baleares, 50  
 46988 Fuente del Jarro (Valencia), Spain

## \*3. Structure Type

\*See Compatibility Chart in the Procedure and Laboratory Manual (ART868)

### Overdentures

- Hader
- Dolder® U shape Macro  
 \_\_\_\_ 2.2mm
- Dolder Eggshape Macro  
 \_\_\_\_ 2.2mm
- Primary \_\_\_\_° Taper
- Hader anterior, Primary distal
- Dolder anterior, Primary distal

### Fixed Solutions

- Hybrid #1
- Hybrid #2
- Wrap Around
- Free Form
- CopyMill Cobalt Chrome (Ceramic veneering)
- CopyMill Commercially Pure Titanium (Ceramic veneering)
- CopyMill Titanium Alloy (Acrylic finishing)

By submitting this order, you acknowledge and agree that CopyMill Bars are designed by the lab/ordering physician. The requested design derived from the submitted resin pattern may fall outside of the design matrix tested by BIOMET 3i. In such cases, it will be appropriately identified on the final labeling as a SPECIALTY medical device.

## \*4. Case Information

\*See Compatibility Chart in the Procedure and Laboratory Manual (ART868)

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

## 5. Design Instructions

- See the BellaTek Bars and Frameworks Design Matrix (ART868EU)
- Maximum implant divergence is 30°

### Distal Extensions

- Patient's Left**
- To 2nd bicuspid
  - To 1st molar
  - To 2nd molar
  - Specify in mm = \_\_\_\_\_mm

- Patient's Right**
- To 2nd bicuspid
  - To 1st molar
  - To 2nd molar
  - Specify in mm = \_\_\_\_\_mm

### Space Between Tissue And Bar

- Distance**
- As close as possible
  - Specify in mm = \_\_\_\_\_mm

- Shape**
- Follow tissue contour
  - Straight

### Bar Height

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

## Tap Areas For Attachments

### Occlusal Taps

- LOCATOR®
- TSB Ball
- Ceka® M3
- 1.4mm 0.3 Tap for GSH30
- 2.0mm 0.4 Tap for UNIHT

### Vestibular Taps

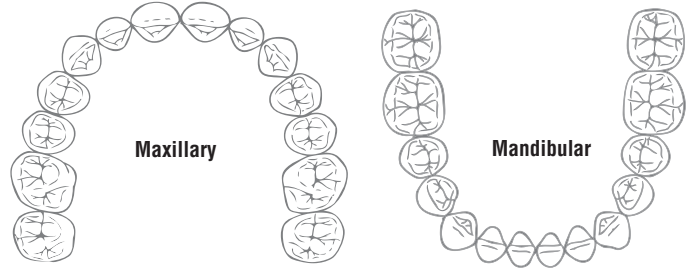
- Swiss-loc drill only
- Low Passive
- 1.5mm no tap drill only
- 2.2mm Bredent VKS

- Design bar according to the drawings below

● = Implant Position

■ = Clip Placement

▲ = Attachment



## 6. Special Instructions

- Please see back or attached page.

## 7. BIOMET 3i Screw Ordering

Contact manufacturer for screws not made by BIOMET 3i.

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

### Certain® Abutment Screws

- 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

- Gold-Tite, 2mm(H) (GSH20)
- Gold-Tite, 3mm(H) (GSH30)
- Gold-Tite, 7mm(H) (GSH70)
- Low Profile Gold-Tite (LPCGSH)
- Low Profile Titanium (LPCTSH)

### Waxing Screws

- Certain - Implant Level, 16mm (IWSU30)
- Ex Hex - Implant Level, 15mm (WSU30)
- Abutment Level, 10mm (WSK10)
- Abutment Level, 15mm (WSK15)
- Low Profile Abutment (LPCWS)

## 8. Attachment Ordering

- LOCATOR Bar Attachment Kit (LOAB)
- 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 BIOMET 3i 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 (ART868) for this product.

## 10. Prescribing Clinician Signature (Specialty Devices Only)

If your BellaTek Bar or Framework is identified as a specialty device, please obtain the prescribing clinician's signature below or send us the clinician's prescription form. I authorize BIOMET 3i to manufacture the item requested on this form and provide all necessary information to complete this order. I certify that the custom product specified will be used solely for the identified patient.

Clinician's Name: \_\_\_\_\_

Clinician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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



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