

### \*1. Account Information (Please Print Or Type) \*Indicates Required Fields

\* **Customer Name:** \_\_\_\_\_  
 BIOMET 3i 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 bellatek.biomet3i.com.**  Verified denture wax set-up (decontaminated)  
 Intraorally verified index (decontaminated)

### \*\*3. Structure Type \*\*See Compatibility Chart in the Procedure and Laboratory Manual (INST868)

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 ↔ 2.2 mm	<input type="checkbox"/> Hader anterior, DOLDER distal	<input type="checkbox"/> Hybrid #2
<input type="checkbox"/> DOLDER Egg Shape Macro ↔ 2.2 mm	<input type="checkbox"/> DOLDER anterior, Primary distal	<input type="checkbox"/> Wraparound Free Form
<input type="checkbox"/> Primary ____° Taper	<input type="checkbox"/> DOLDER anterior, Hader distal	<input type="checkbox"/> Copymilled for acrylic (default)
	<input type="checkbox"/> Primary anterior, Hader distal	<input type="checkbox"/> Copymilled for porcelain
	<input type="checkbox"/> Primary anterior, DOLDER distal	<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 Procedure and Laboratory Manual (INST868)

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 (MKT736) online at www.biomet3i.com
- 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

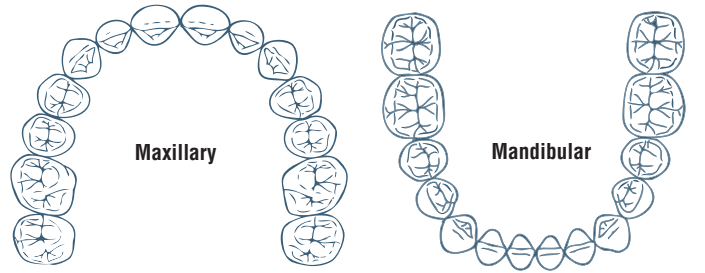
**Shape**  
 Follow tissue contour  
 Straight

**Bar Height**  
 Specify in mm = \_\_\_\_\_mm (min. height 2.5 mm)

**Tap Areas For Attachments**  
**Occlusal Taps**  
 LOCATOR®  
 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. 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	Qty.
Gold-Tite® Hexed Large Diameter (ILRGHG)	_____
Titanium Hexed Large Diameter (ILRGHT)	_____
<b>External Hex Abutment Screws</b>	
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

	Qty.
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 (INST868) for this product.

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



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