

# BellaTek® Work Order Form



Account Number: \_\_\_\_\_  
 Prescribing Zip Code: \_\_\_\_\_  
 Patient Reference: \_\_\_\_\_

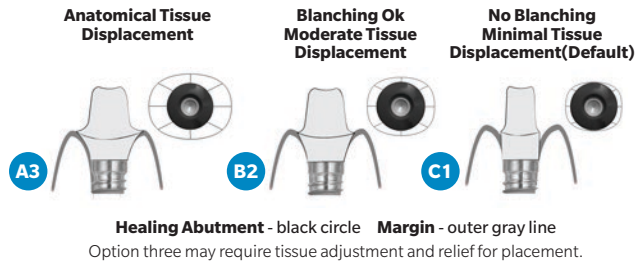
Bill To: \_\_\_\_\_  
 \_\_\_\_\_  
 Ship To: \_\_\_\_\_  
 \_\_\_\_\_

### Design Review Needed?

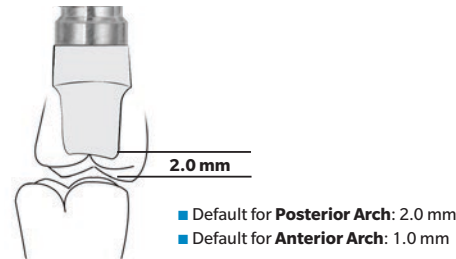
Yes  No

Please fill in email below:  
 \_\_\_\_\_

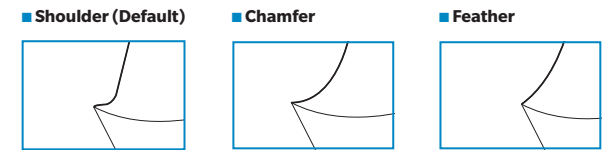
### Tissue Displacement Options



### Final Abutment Clearance



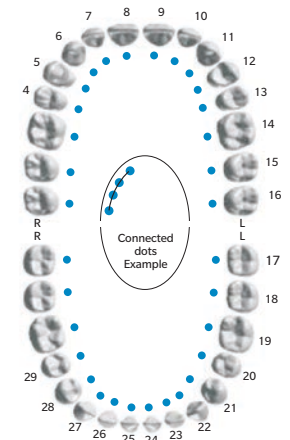
### Margin Design



Tooth #	Implant		Abutment Type			Margin Placement (Please select Supra or Sub when choosing margins)				Margin Design			Tissue Displacement Please select from 3 design options.			Final Abutment Clearance	
	Implant Type	Platform Diameter (mm)	Titanium*	Titanium Nitride (B3 Connections)	Zirconia (TSV Connections)	<input type="checkbox"/> Apply same setting for all abutments				Shoulder (default)	Chamfer	Feather	A3	B2	C1	Min	Max
						B/F	D	M	L								
						<input type="checkbox"/> Supra <input type="checkbox"/> Sub	<input type="checkbox"/> Supra <input type="checkbox"/> Sub	<input type="checkbox"/> Supra <input type="checkbox"/> Sub	<input type="checkbox"/> Supra <input type="checkbox"/> Sub							<input type="checkbox"/> Supra <input type="checkbox"/> Sub	<input type="checkbox"/> Supra <input type="checkbox"/> Sub
5	TSV	4.5			X	1.0	.75	.75	.5	X			X				
						<input type="checkbox"/> Supra <input type="checkbox"/> Sub	<input type="checkbox"/> Supra <input type="checkbox"/> Sub	<input type="checkbox"/> Supra <input type="checkbox"/> Sub	<input type="checkbox"/> Supra <input type="checkbox"/> Sub								
						<input type="checkbox"/> Supra <input type="checkbox"/> Sub	<input type="checkbox"/> Supra <input type="checkbox"/> Sub	<input type="checkbox"/> Supra <input type="checkbox"/> Sub	<input type="checkbox"/> Supra <input type="checkbox"/> Sub								
						<input type="checkbox"/> Supra <input type="checkbox"/> Sub	<input type="checkbox"/> Supra <input type="checkbox"/> Sub	<input type="checkbox"/> Supra <input type="checkbox"/> Sub	<input type="checkbox"/> Supra <input type="checkbox"/> Sub								
						<input type="checkbox"/> Supra <input type="checkbox"/> Sub	<input type="checkbox"/> Supra <input type="checkbox"/> Sub	<input type="checkbox"/> Supra <input type="checkbox"/> Sub	<input type="checkbox"/> Supra <input type="checkbox"/> Sub								
						<input type="checkbox"/> Supra <input type="checkbox"/> Sub	<input type="checkbox"/> Supra <input type="checkbox"/> Sub	<input type="checkbox"/> Supra <input type="checkbox"/> Sub	<input type="checkbox"/> Supra <input type="checkbox"/> Sub								
						<input type="checkbox"/> Supra <input type="checkbox"/> Sub	<input type="checkbox"/> Supra <input type="checkbox"/> Sub	<input type="checkbox"/> Supra <input type="checkbox"/> Sub	<input type="checkbox"/> Supra <input type="checkbox"/> Sub								

### Parallel Abutments

Connect blue dots for parallel abutments.



### Splinted Restorations

Connect blue dots for splinted restorations.

\* If abutment type not selected, default to titanium.

Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 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 (INST1079, INST1080, INST1120, INST1147, INST1156, INST1161) for this product.
- On behalf of the dentist (if not the dentist) that the soft-tissue has matured and healed completely.

### This form authorizes the following:

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