

OIB (Osteon Implant Bar)

ACCOUNT INFORMATION (please print)



Client Name

Osteon Medical ACC#

Bill to

Ship to

Contact

Phone

Email

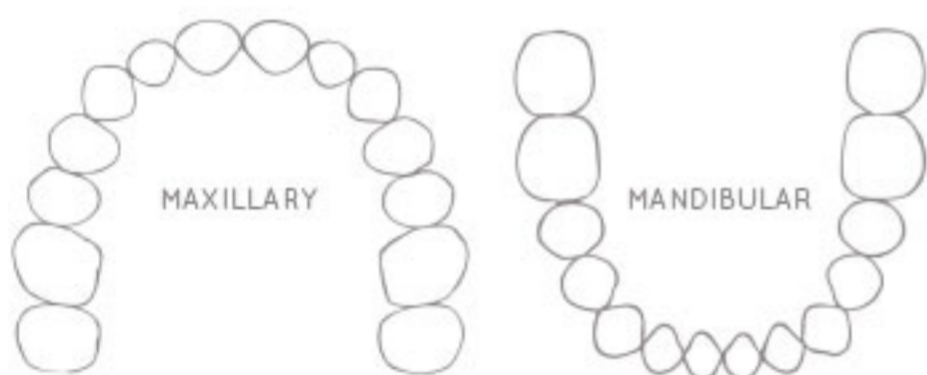
Patient ID

1. Areas for implants

Please mark :

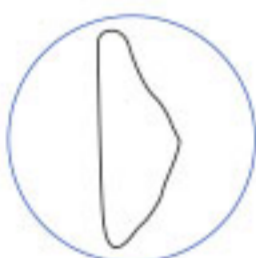
Implant Position ●

Biaxial Position X



2. Design Instructions

Type A



(no lingual band)

Type B



(lingual band)

Type C



(lingual band)

3. Reduction for Layering

Choose Material

Titanium

Co/Cr

Incisal Reduction

0.5 mm

1.0 mm

1.5 mm

Lingual Reduction

0.5 mm

1.0 mm

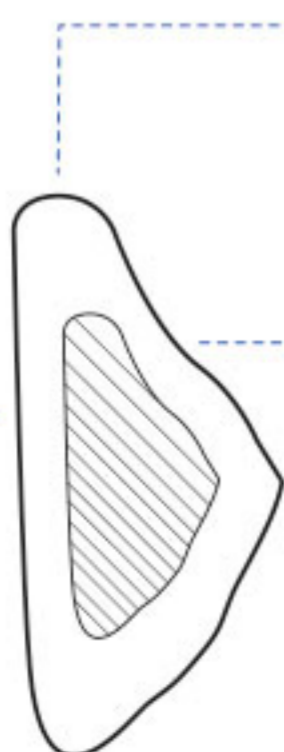
1.5 mm

Labial Reduction

0.5 mm

1.0 mm

1.5 mm



4. Implant System

5. Date Required

6. Preparing Your Case For Shipment

IMPORTANT

- Only use new implant analogs
- Please do not send the articulator
- Please ensure analogs are proud of the stone model
- Minimum distance between implants is 2mm

PLEASE INCLUDE THE FOLLOWING:

- Copy of completed work order
- Verified/Accurate soft tissue model
- Resin pattern if copy mill bar is desired
- Verified denture set up (disinfected) with positive relationship to implant model

7. Special Requirements

8. Certification

- I certify that the analogs are brand new and their positions have been verified for accuracy.
- All information stated on this work order is correct.
- All items that have contacted the oral environment have been disinfected.
- This work order authorizes Osteon Medical Pty Ltd to manufacture the Osteon structure using all relevant information provided on this work order.

Technician Signature Date

CASE NUMBER # 