

OSTEON IMPLANT ABUTMENTS

ACCOUNT INFORMATION (please print)



Client Name

Osteon Medical ACC#

Bill to

Ship to

Contact

Phone

Email

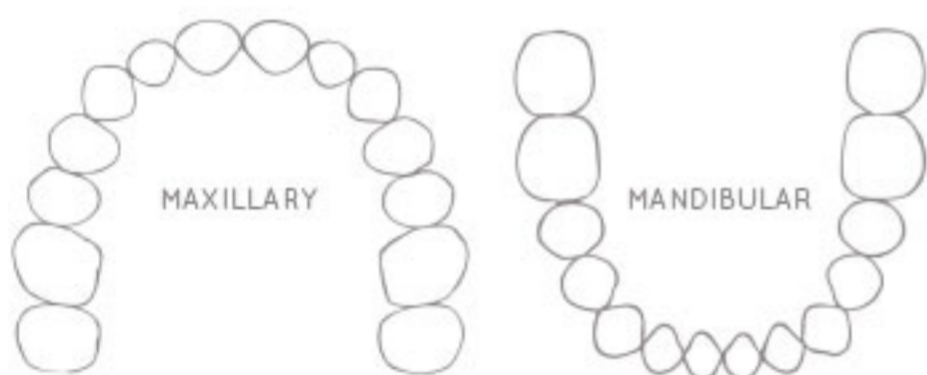
Patient ID

1. Areas for implants

Please mark :

Implant Position ●

Biaxial Position X



2. Design Instructions

Custom

Anatomical
(Fill out Step3)

Wax-up



Choose Material

Titanium

Co/Cr

Zr • Light

• Medium

• Intense

3. Reduction for Layering

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 # 