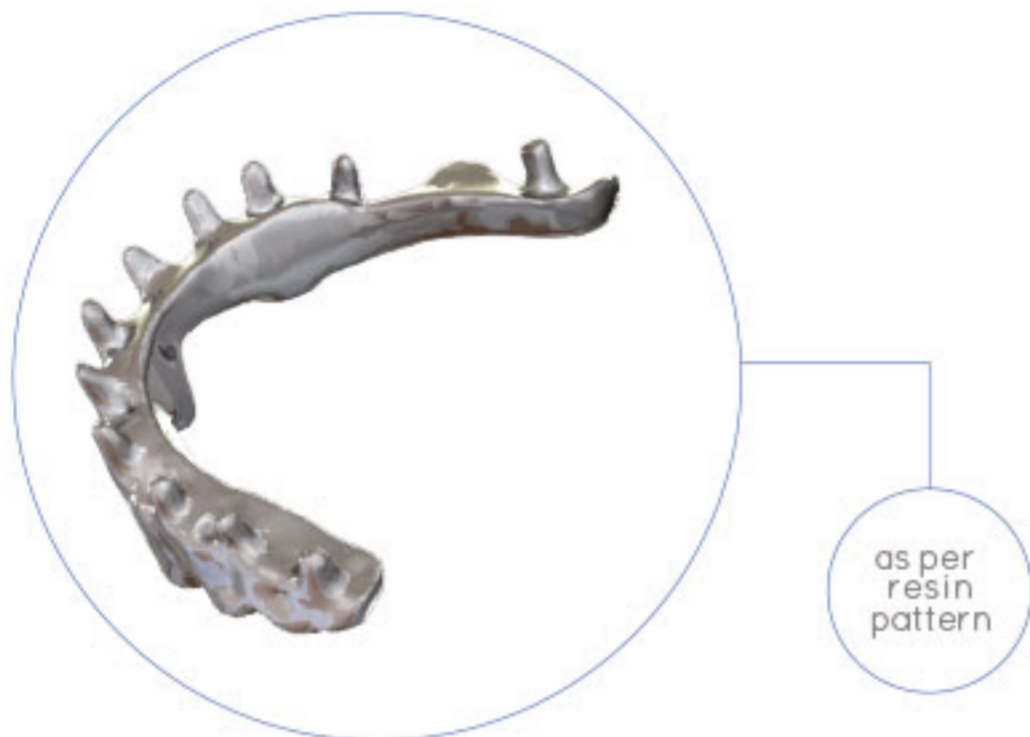


COPY MILLED

ACCOUNT INFORMATION (please print)



Client Name

Osteon Medical ACC#

Bill to

Ship to

Contact

Phone

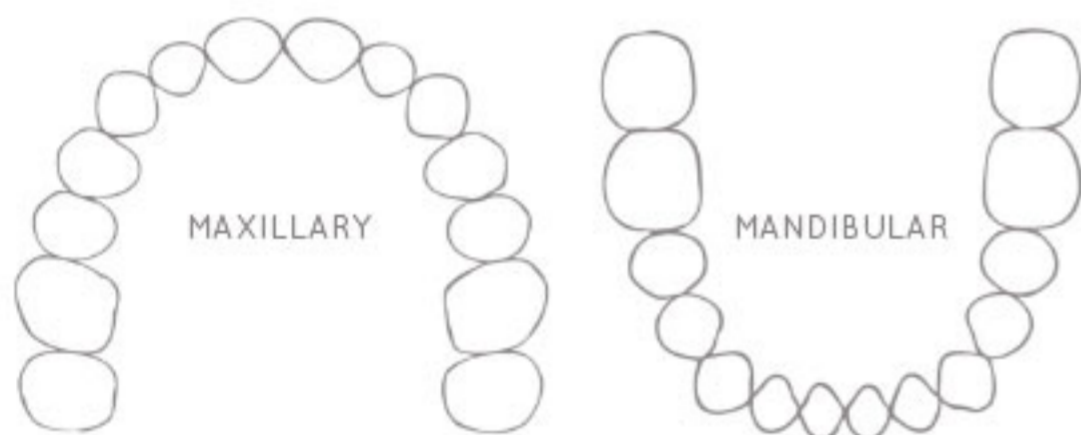
Email

Patient ID

1. Areas for implants

Please mark :

Implant Position ● **Biaxial Position** X



2. Design Instructions

Choose Material

- Titanium
- Co/Cr
- Palstic-Wax
- PMMA • shade 1
- shade 2
- shade 3

3. Implant System

4. Date Required

5. 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

6. Special Requirements

7. 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 ontacted 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 # 