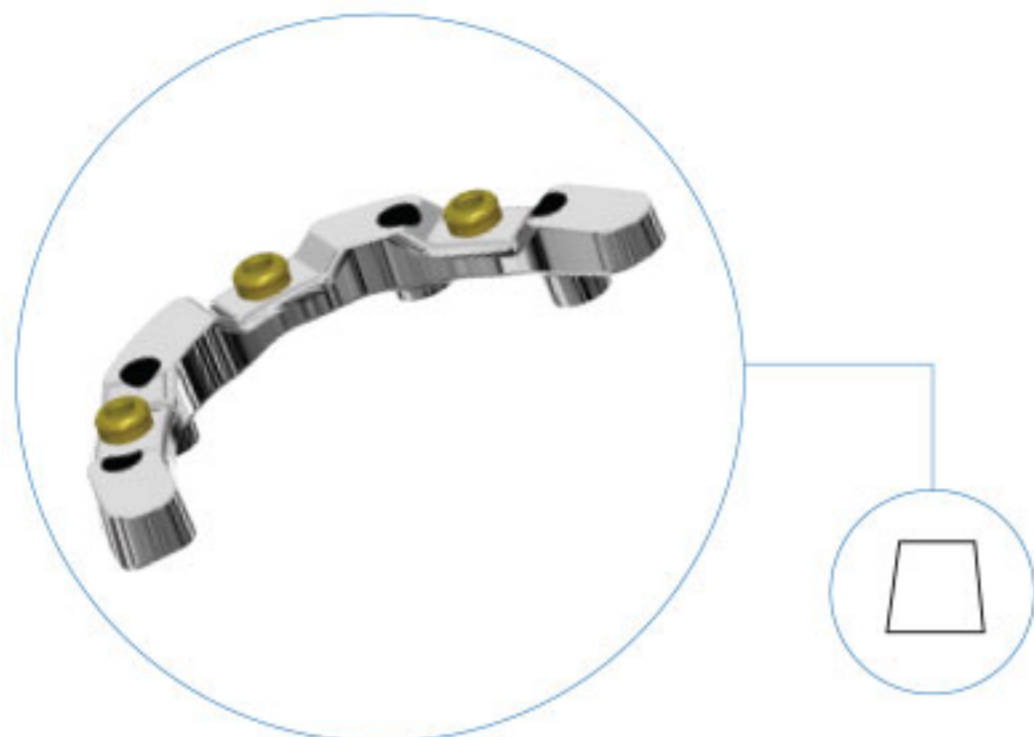


## PRIMARY BAR

### ACCOUNT INFORMATION (please print)



Client Name

Osteon Medical ACC#

Bill to

Ship to

Contact

Phone

Email

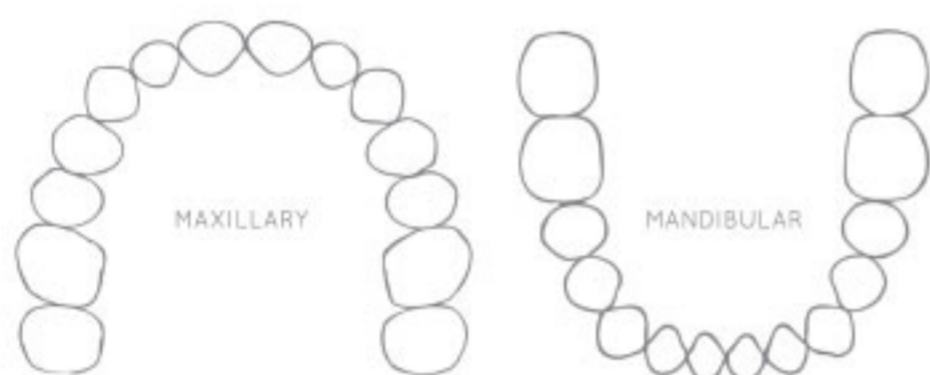
Patient ID

### 1. Areas for implants and Tapped Holes

Please mark :

**Implant Position** ● **Occlusal Tabs** ■

Locator\*



### 2. Design Instructions

#### Distal Extensions

##### PATIENTS LEFT

- To 1st Bicuspid
- To 2nd Bicuspid
- To 1st Molar
- To 2nd Molar
- Or specify \_\_\_\_\_mm

##### PATIENTS RIGHT

- To 1st Bicuspid
- To 2nd Bicuspid
- To 1st Molar
- To 2nd Molar
- Or specify \_\_\_\_\_mm

#### Tissue Relationship Distance

- As close as possible
- Or specify \_\_\_\_\_mm  
minus (-) = compression  
plus (+) = offset

#### Tissue Relationship Shape

- Follow Tissue Contour
- Straight

#### Choose Material

- Titanium

### 3. Implant System

\_\_\_\_\_

\_\_\_\_\_

### 4. Primary Superstructure required

YES

NO (Go to Step 5)



**Type A**  
Type A without collar



**Type B**  
Type A with collar

#### Choose Material

Titanium

### 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 # \_\_\_\_\_

