

Crown Bar Order

Account Information (Please Print)

Client Name

Patient Name

Billing Address

Shipping address

Contact

Phone

Email

Date Required

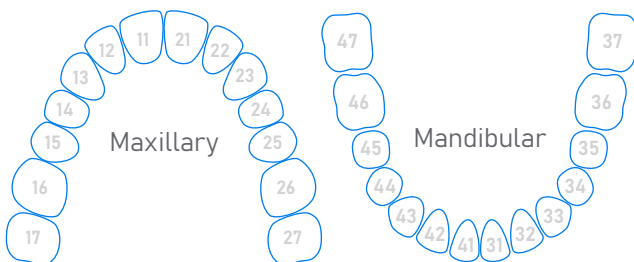
DD / MM / YYYY

Preparing your case for shipment

- | Important: | Please include: |
|---|--|
| <input type="checkbox"/> Only use new implant analogs | <input type="checkbox"/> Copy of completed work order |
| <input type="checkbox"/> Please do not send the articulator | <input type="checkbox"/> Verified/Accurate soft tissue model |
| <input type="checkbox"/> Please ensure analogs are proud of the stone model | <input type="checkbox"/> Resin pattern if copy mill bar is desired |
| <input type="checkbox"/> Minimum Distalce between implants is 2mm | <input type="checkbox"/> Verified denture set up (disinfected) with positive |

Implant & Biacial Position

Please Mark: Implant Position: ● Biacial Position: ✕



Implant System

Special Requirements

Design Instructions

Tissue Relationship Distance

- As close as possible
- Or specify _____ mm
minus (-) = compression
plus (+) = offset

Material

- Titanium Cobalt Chrome

Bar Type

- Type A 
- Type B 

Certification

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

Signature

Date