

# Hader Bar Order

## Account Information (Please Print)

Client Name

Patient Name

Billing Address

Shipping address

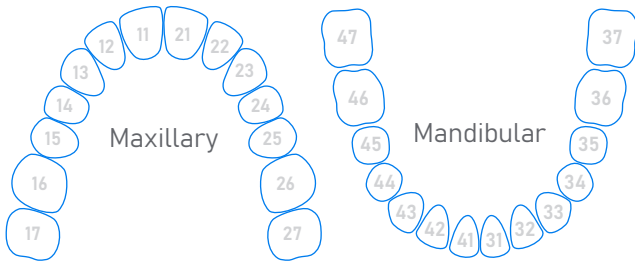
Contact

Phone

Email

## Implant & Biacial Position

Please Mark: Implant Position: ● Hader Section ✕



## Design Instructions

### Distal Extentions

#### Patient's Left

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

#### Patient's 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

### Material

- Titanium
- Cobalt Chrome

## Date Required

DD / MM / YYYY

## 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 Distalce between implants is 2mm

### Please include:

- 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

## Implant System

## Special Requirements

## 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 environmet 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