

Implant Abutments Order

Account Information (Please Print)

Client Name

Osteon Medical ACC#

Patient Name

Billing Address

Shipping address

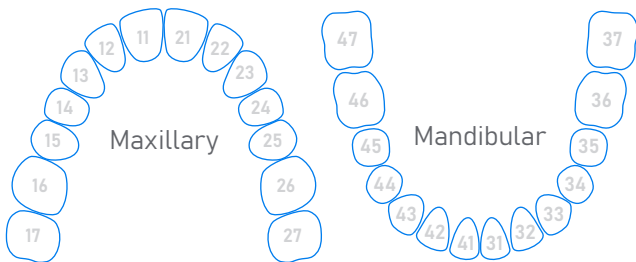
Contact

Phone

Email

Implant & Biacial Position

Please Mark: Implant Position: ● Biacial Position: ✕



Design Instructions

Material

- Titanium
- Cobalt Chrome
- Zirconia

Shade: _____

Reduction for Layering (if anatomical)

- 0.5 mm
- 1.0 mm
- 1.5 mm

Abutment Type

- Custom
- Anatomical (choose the reduction)
- Wax-up



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 |
| <input type="checkbox"/> Minimum Distalce between implants is 2mm | <input type="checkbox"/> bar is desired |
| | <input type="checkbox"/> 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