

# Nexus Hybrid Order

## Account Information (Please Print)

Client Name

Patient Name

Billing Address

Shipping address

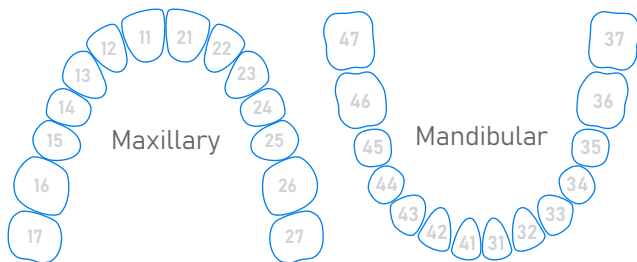
Contact

Phone

Email

## Implant & Biaxial Position

Please Mark: Implant Position: ● Biaxial Position: ✕



## Bar Design

### Tissue Relationship Distance

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

### Tissue Relationship Shape

- Follow tissue contour
- Straight

### Bar Material

- Titanium
- Cobalt Chrome

## Bar Design

- Zirconia
- Acrylic

Shade: \_\_\_\_\_

## Overlay Design

### Labio/Buccal Reduction (for Zirconia only)

- 3 to 3
- 4 to 4
- 5 to 5
- All teeth
- Not required

### Gingival Reduction

- Yes
- No

### Pink Gingiva Tinting

- Yes
- No

### 3D Printed Try-in

- Yes
- No

## 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 Distance 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 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