

## NEXUS PLUS

### 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

#### Buccal Lingual Constraints

 Type A

 Type B


Please mark :

Implant Position ●

Biaxial Position X



### 2. Zirconia Superstructure required

#### Labio/Buccal Reduction Require

 NO (Go to Step 3)

 YES

 3 to 3

 4 to 4

 5 to 5

 All Teeth

#### Choose Zirconia Shade

 light

 medium

 Intense

#### Pink Gum Tinting

 YES

 NO

### 3. Design Instructions

#### Tissue Relationship Distance

 As close as possible

 Or specify \_\_\_\_\_ mm

minus (-) = compression  
 plus (+) = offset

#### Tissue Relationship Shape

 Follow Tissue Contour

 Straight

#### Choose Material

 Titanium

 Co/Cr

### 4. Implant System

### 5. Date Required

DD MM YY

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