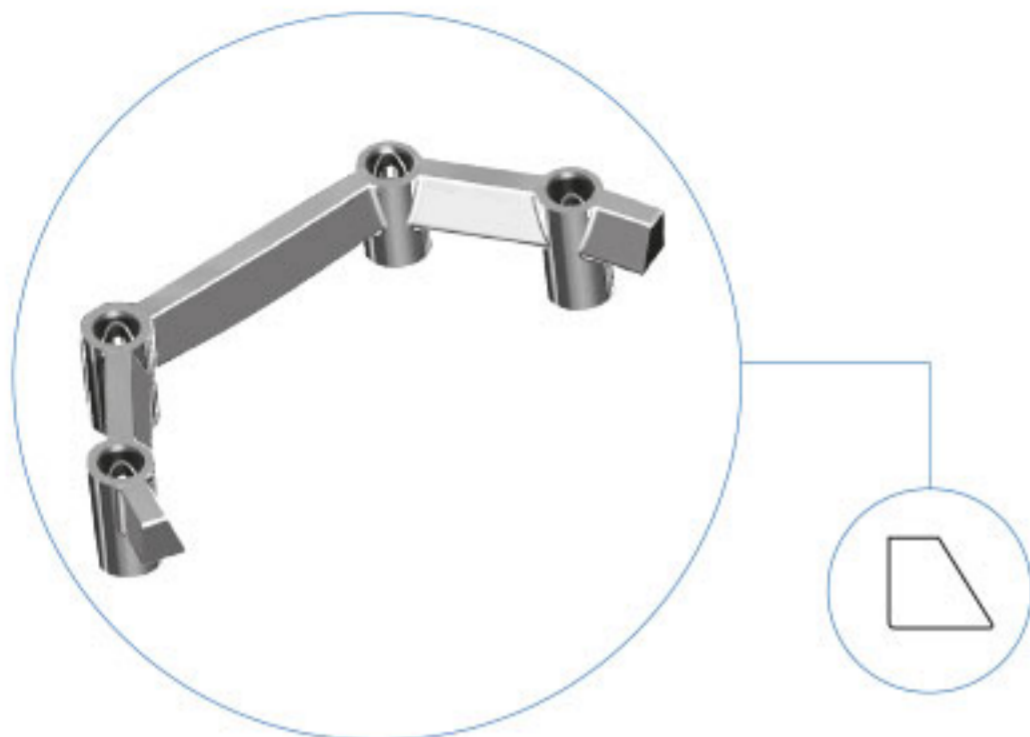


WRAP AROUND BAR

ACCOUNT INFORMATION (please print)



Client Name

Osteon Medical ACC#

Bill to

Ship to

Contact

Phone

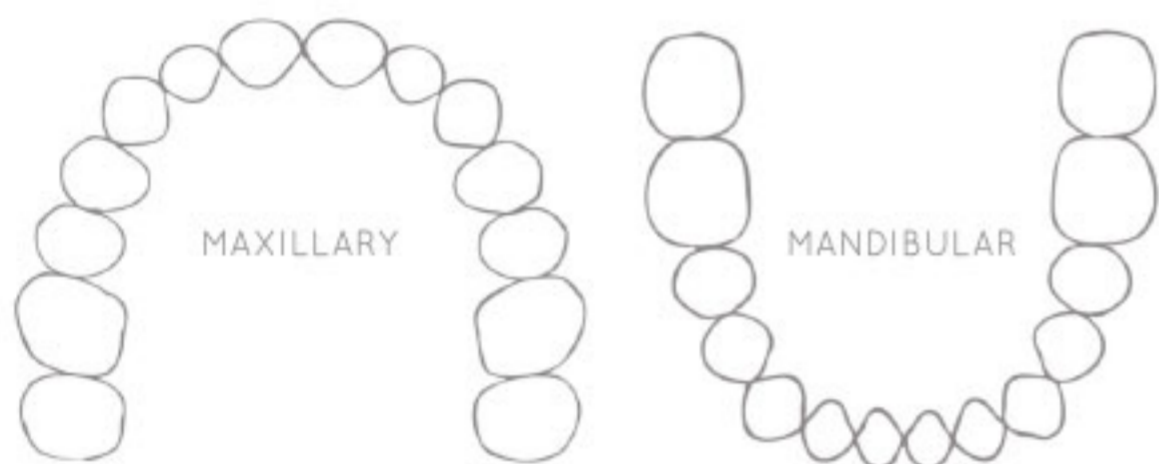
Email

Patient ID

1. Areas for implants

Please mark :

Implant Position ● **Biaxial Position** X



2. Design Instructions

Distal Extensions

PATIENTS LEFT

- To 1st Bicuspid
- To 2nd Bicuspid
- To 1st Molar
- To 2nd Molar

PATIENTS RIGHT

- To 1st Bicuspid
- To 2nd Bicuspid
- To 1st Molar
- To 2nd Molar

Tissue Relationship Distance

Offset from tissue

Specify: _____ mm

Choose Material

- Titanium
- Co/Cr

3. Implant System

4. Date Required

DD MM YY

5. 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

6. Special Requirements

7. 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 # _____ 