

Wrap Around Bar Order

Account Information (Please Print)

Client Name

Patient Name

Billing Address

Shipping address

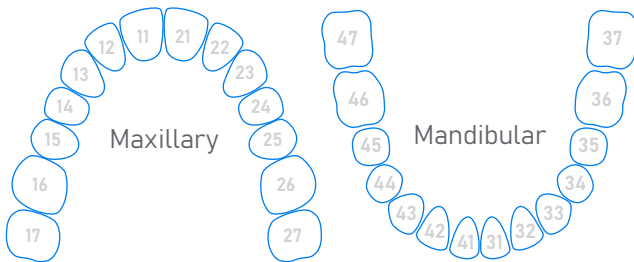
Contact

Phone

Email

Implant & Biacial Position

Please Mark: Implant Position: ● Biaxial Position: ✕



Design Instructions

Distal Extentions

Patient's Left

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

Patient's Right

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

Tissue Relationship Distance

Offset from tissue
Specify _____ mm

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