

REQUIRED

Account Number: _____ Customer Address: _____
 Prescribing Clinician's _____
 Postal Code: _____ Ship To Address: _____
 Lab/Customer Name: _____ Phone: _____
 Patient Reference: _____

Design Review Needed?
 Yes No

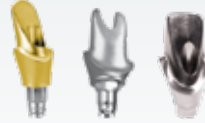
Core File needed?
 Yes No

Email Address:

Please select the type of model needed:
 Full Arch
 Quadrant (Default)

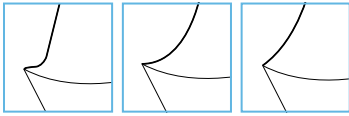
Custom Abutment Needed?
 Yes No

BellaTek Definitive Abutments for Certain®, Ex-Hex, and TSV® Connections



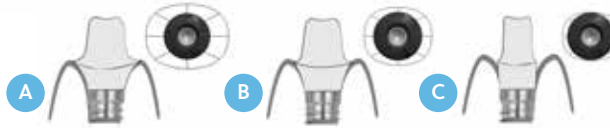
Margin Design

■ Shoulder ■ Chamfer ■ Feather



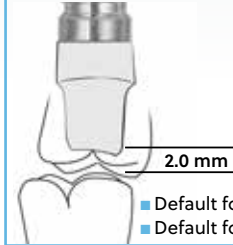
Tissue Displacement Options

Anatomical Tissue Displacement **Blanching Ok Moderate Tissue Displacement** **No Blanching Minimal Tissue Displacement (Default)**



Healing Abutment - black circle **Margin** - outer gray line
 Option three may require tissue adjustment and relief for placement.

Final Abutment Clearance



■ Default for Posterior: 2.0 mm
 ■ Default for Anterior: 1.0 mm

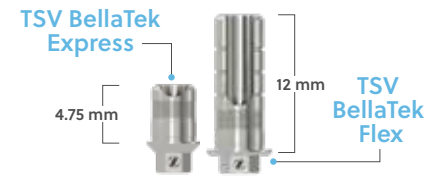
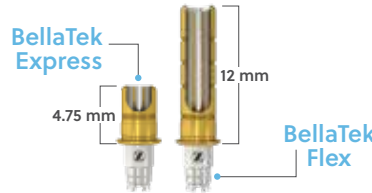
Implant System				
Tooth #				
Connection Type				
Platform Diameter (mm) <small>Not Required For BellaTek Encode® Cases</small>				

Additional Instructions:

Abutment Instructions: Please complete this section for orders with a custom BellaTek Abutment

Material Type <small>TiNi Available On Certain & Ex-Hex Only</small>				
Margin Placement (mm) <input type="checkbox"/> Apply same setting for all abutments	B/F			
	D			
	M			
	L			
Margin Design				
Tissue Displacement				
Occlusal Clearance (mm)				

Note: If Material type not selected, Ti will be the default.



BellaTek Express and Flex Abutments

Ti-base Abutment Instructions: Please complete this section for orders with a BellaTek Flex or Express Abutment.

Ti-base Abutment Instructions: Please complete this section for orders with a BellaTek Flex or Express Abutment.				
Tooth #				
Connection Type				
Express/Flex				
Hexed/Non-Hexed				

Contact us at 1-800-342-5454 or visit ZimVie.com for any BellaTek Express and Flex Abutment-related questions. For BellaTek work order-related questions, contact the BellaTek Service Center at 1-888-800-8045.

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Certification (by submitting this Work Order Form you certify the following):

- The stated information is correct, the submitted materials are accurate and do not contain metal.
- All items that have contacted the oral environment have been decontaminated.
- The soft tissue has matured and healed completely.

This form authorizes the following:

- Fabrication of patient specific abutments
- Placement of analogs
- Modification of working models not consistent with applicable guidelines

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