BellaTek® Work Order Form

ZimVie

REQUIRED

Account Number: _____

Prescribing Clinician's Postal Code: _____

Lab/Customer Name: _____

Patient Reference: _____

Customer Address: _____

Ship To Address: _____

Phone: _____

Design Review Needed?
☐ Yes ■ No

Core File needed?
☐ Yes ■ No

Email Address:

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

Abutment Needed?
☐ Yes ■ No

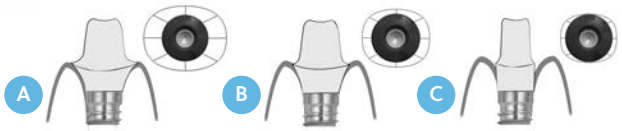
BellaTek Definitive Abutments for Certain®, Ex-Hex, and TSV® Connections

Margin Design

■ Shoulder ■ Chamfer ■ Feather

Tissue Displacement Options

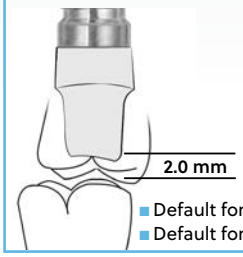
Anatomical Tissue Displacement | Blanching Ok Moderate Tissue Displacement | No Blanching Minimal Tissue Displacement (Default)



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

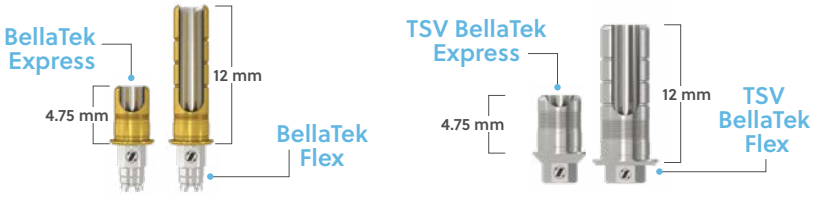
Implant System					
Tooth #					
Connection Type	Select One	Select One	Select One	Select One	Select One
Platform Diameter (mm) *Not Required For BellaTek Encode® Cases*					

Additional Instructions:

Abutment Instructions: Please complete this section for orders with a custom BellaTek Abutment						
Material Type *TiNi Available On Certain & Ex-Hex Only*		**Select One**	**Select One**	**Select One**	**Select One**	**Select One**
Margin Placement (mm) ☐ *Apply same setting for all abutments*	B/F	Select One	Select One	Select One	Select One	Select One
	D	Select One	Select One	Select One	Select One	Select One
	M	Select One	Select One	Select One	Select One	Select One
	L	Select One	Select One	Select One	Select One	Select One
Margin Design		Select One	Select One	Select One	Select One	Select One
Tissue Displacement		Select One	Select One	Select One	Select One	Select One
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.							
Tooth #							
Connection Type	Select One	Select One	Select One	Select One	Select One	Select One	Select One
Express/Flex	Select One	Select One	Select One	Select One	Select One	Select One	Select One
Hexed/Non-Hexed	Select One	Select One	Select One	Select One	Select One	Select One	Select One

Contact us at 1-800-342-5454 or visit ZimVie.com

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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.
- I have reviewed the applicable instructions (ZBINST1079, INST1080, INST1147, ZBINST1156, INST1161) for this product.
- On behalf of the dentist (if not the dentist) that 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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