

REQUIRED								
Account Number:			Customer Address:				Design Review	Please select the type
Prescribing Clinician's							Needed?  ☐ Yes ☐ No	of model needed:  ☐ Full Arch
Postal Code:		Ship To Address:					Quadrant (Default)	
Lab/Customer Name: Patient Reference:							Core File needed?  ☐ Yes ☐ No Abutment Needed?	
ratient Reference.			Thore.					Yes No
							Email Address:	
BellaTek Definitive Abutments for 🔑 🥒 📗 📗								
Certain®, Ex-Hex, and TSV® Connections								
Margin Design Tissue Displacement Option								nal Abutment Clearance
			Anatomical Tissue Blanching Ok No Blanching Displacement Moderate Tissue Minimal Tissue Displacement Displacement (Default)					
Shoulder Chan	ther			Displacemen	Displacement			
A B C 2.0 mm								
Healing Abutment - black circle Margin - outer gray line								
			Ор		uire tissue adjustme			Default for Anterior: 1.0 mm
Implant Syste	em							Additional Instructions:
Tooth #								
Connection Type								
Platform Diameter (mm)								
Not Required For BellaTek Encode® Cases								
Abutment Instruction		mplete this	section fo	r orders with a cus	stom BellaTek Abutn	nent		
Material Type TiNi Available On Certain & Ex-Hex Only Zirconia Available On TSV Only								
Margin Placement (mm)	B/F							
	D							
	M							
	L							
Margin Design								
Tissue Displacement								
Occlusal Clearance (mm)								
Note: If Material type	not selected	l, Ti will be th	e default.		Della Tale		TSV Bel	laTek guun 🗆
					BellaTek Express	]	Expr	
					475	12 mm		12 mm TSV
4.75 mm BellaTek Flex								
BellaTek Express and Flex Abutments								
Ti-base Abutment In:	structions: P	lease compl	ete this se	ction for orders w	ith a BellaTek Flex o	r Express Abutmen	t.	
Tooth #								
Connection Type								
Express/Flex								
Hexed/Non-Hexed								

## 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

