

**LAB INFORMATION**

Prescribing Clinician Zip Code: \_\_\_\_\_  
 Patient ID \_\_\_\_\_  
**Bill To:**  
 Account Name \_\_\_\_\_  
 Account No \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
**Ship To:**  Same as billing address?  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**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.  
 • For the Laboratory – I, the laboratory, certify that I have reviewed the applicable instructions (ART1080, ART1120 – BellaTek® Encode Impression System Laboratory Recommendations) for this product.  
 • For the Clinician – I, the clinician, certify that I have reviewed the applicable instructions (ART1079, ART1161, ART1156, ART1147 – BellaTek Encode Impression System Clinician Procedures) for this product and verify 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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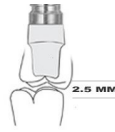


ART881  
 REV N 10/13

**BellaTek™ Encode® Impression System Work Order Form**

Save (and or) Print

**FINAL ABUTMENT HEIGHT (For reference only)**

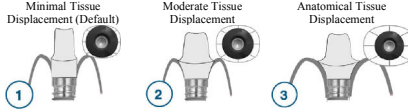


Default 2.5mm from opposing or adjacent dentition, whichever marginal ridge is lower, unless otherwise specified.

Design Review  Duplicate Abutment   
 Lab Screws (5-Pack)

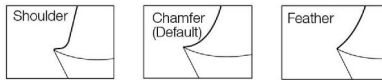
**Case Information:** Abutments will be designed to match the emergence profile of BellaTek® Encode® Healing Abutment unless otherwise noted. Abutments will be designed to match default settings unless otherwise specified. Please note any other instructions below.

**TISSUE DISPLACEMENT (For reference only)**



Healing Abutment - black circle Margin - outer grey line  
 Option 3 may require tissue adjustment and relief for placement

**MARGIN STYLE (For reference only)**



Apply same settings for all abutments

Make Parallel!\*  
 \*Specify tooth number for parallel abutments in Other Instructions

**Other Instructions:**

Tooth # Change Numbering	Abutment Material	Margin Style	Margin Depth				Tissue Displacement	Final Abut Height Clearan
			Buccal	Lingual	Distal	Mesial		
Robocast Only ↓								
No. ▾ <input type="checkbox"/>								
No. ▾ <input type="checkbox"/>								
No. ▾ <input type="checkbox"/>								
No. ▾ <input type="checkbox"/>								
No. ▾ <input type="checkbox"/>								
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