

Order form screw retained solutions

1. Account information Dental Lab (please print)

- * Lab name: _____
 allshape account no.: _____
 * Contact: _____
 * Phone: _____
 * Fax: _____
 * e-mail: _____
 * Patient ID: _____

2. Preparation of your order for shipping

Important:









- Use **only new** implant replicas
- Please **do not** send the articulator

Please add the following to the shipment:

- | | |
|--|---|
| <input type="checkbox"/> Complete order | <input type="checkbox"/> Resin pattern if CopyMill is requested |
| <input type="checkbox"/> Verified/accurate plaster cast with
removable gingival mask | <input type="checkbox"/> Disinfected verified wax try-in |
| | <input type="checkbox"/> Disinfected bite registration (optional) |

3. Structure type / Abutment type

Overdentures

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Dolder® bar U-shape | <input type="checkbox"/> Macro  | <input type="checkbox"/> Micro  | |
| <input type="checkbox"/> Dolder® bar egg-shape | <input type="checkbox"/> Macro  | <input type="checkbox"/> Micro  | |
| <input type="checkbox"/> Standard bar round | <input type="checkbox"/> Dia. 1.8  | <input type="checkbox"/> Dia. 1.9  | <input type="checkbox"/> Dia. 2.0  |
| <input type="checkbox"/> Preci-Horix-bar  | | | |
| <input type="checkbox"/> Special Design and combination bar | | | |
| <input type="checkbox"/> all-reforce double structure | <input type="checkbox"/> with removable insert made of synthetics | | |

Extensions:

- Mesialmm long
 Distalmm long

Fixed solutions

- Wrap around
 Screw retained framework (resin pattern enclosed)
 Customized abutment (resin pattern enclosed)

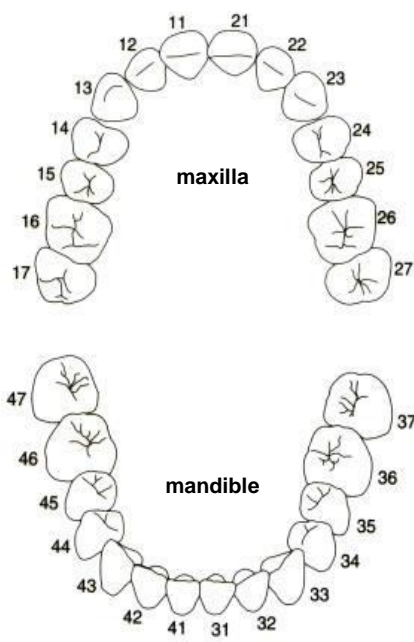
4. Material / Finish

- | | |
|---|---|
| <input type="checkbox"/> Titanium | <input type="checkbox"/> Polished |
| <input type="checkbox"/> Cobalt Chrome | <input type="checkbox"/> Non polished |
| <input type="checkbox"/> ZrO ₂ color _____ | <input type="checkbox"/> PMMA color _____ |
| <input type="checkbox"/> Pekkton® ivory | |

5. Implant information

No. of implants _____

Brand	Platform
<input type="checkbox"/> Straumann	_____
<input type="checkbox"/> Nobel Biocare	_____
<input type="checkbox"/> 3i Biomet	_____
<input type="checkbox"/> Astra	_____
<input type="checkbox"/> Camlog	_____
<input type="checkbox"/> Implant Direct	_____
<input type="checkbox"/> Thommen Medical	_____
<input type="checkbox"/> Dentsply Friadent	_____
<input type="checkbox"/> Other	_____



6. Auxiliary material

- | | |
|---|---|
| <input type="checkbox"/> Zest Bar-Locator® female | <input type="checkbox"/> Zest Male Processing Kit for Bar-Locator® |
| <input type="checkbox"/> CM Dolder® female part E standard (gold) | <input type="checkbox"/> CM Dolder® female part D standard (palladium) |
| <input type="checkbox"/> Screws please check updated screw list | <input type="checkbox"/> Titanium bases please check updated titanium base list |
| <input type="checkbox"/> Replicas please check updated replica list | |

7. Further instructions / Sketch

8. Certificaton

Hereby, I certify that the replica positions on the plaster cast and the wax try-in have been verified for accuracy and that the stated information is correct. All items that have been in contact with the oral environment have been disinfected. This form authorizes allshape Ltd. to produce the ordered product, using and consistent with the information provided on this work order.

Date _____ Signature technician _____