CAM StructSURE®
PRECISION MILLED BARS

Work Order

*1. Account Information (Please Print)

* Lab Name: _____
BIOMET *3i* Account#: _____
* Contact: _____
* Phone: _____
Fax: _____
* Email: _____
* Patient ID: _____
* Ship To: _____
_____
Bill To: _____
_____
Doctor Name (Optional): _____

*Indicates Required Field

2. Preparing Your Case For Shipment

IMPORTANT:
- **Only use new implant analogs.**
- **Please do not send the articulator.**

Please include **only** the following items:
- ❑ Copy of the completed work order
- ❑ Verified/accurate soft-tissue cast
- ❑ Resin pattern if CopyMill bar is desired
- ❑ Verified wax try-in, disinfected
- ❑ Disinfected intraorally verified index, (optional)

**3. Structure Type

Overdentures
- ❑ Hader
- ❑ Dolder® U shape Macro ⟷ 2,2mm
- ❑ Dolder Eggshape Macro ⟷ 2,2mm
- ❑ Primary ___° Taper
- ❑ Canada Bar

Fixed Solutions
- ❑ Hybrid #1
- ❑ Hybrid #2
- ❑ Wrap Around
- ❑ CopyMill (Resin Pattern Enclosed)

Combination
- ❑ Hader anterior, Primary distal
- ❑ Hader anterior, Dolder distal
- ❑ Dolder anterior, Primary distal
- ❑ Dolder anterior, Hader distal
- ❑ Primary anterior, Hader distal
- ❑ Primary anterior, Dolder distal

**See Compatibility Chart in CAM StructSURE Manual (ART868)

**4. Case Information

Tooth Position	Implant Brand**	Implant System	Implant Platform Diameter		Abutment Type
				or	
				or	
				or	
				or	
				or	
				or	
				or	
				or	
				or	
				or	

**See Compatibility Chart In CAM StructSURE Manual (ART868)

5. Design Instructions

- See design matrix in CAM StructSURE Manual (ART868)
- Maximum implant divergence is 30°
- Minimum distance between implants is 2mm

Distal Extensions

Patients Left
- ❑ To 2nd bicuspid
- ❑ To 1st molar
- ❑ To 2nd molar
- ❑ Specify in mm = _____mm

Patients Right
- ❑ To 2nd bicuspid
- ❑ To 1st molar
- ❑ To 2nd molar
- ❑ Specify in mm = _____mm

Space Between Tissue And Bar

Distance
- ❑ Close as possible
- ❑ Specify in mm = _____mm

Shape
- ❑ Follow tissue contour
- ❑ Straight

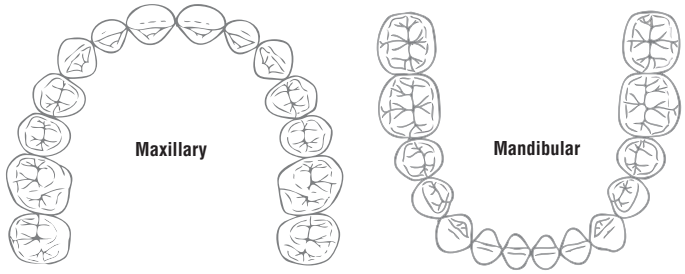
Bar Height
- ❑ Specify in mm = _____mm (min. height 2.5mm)

Tap Areas For Attachments

Occlusal Taps
- ❑ LOCATOR®
- ❑ TSB Ball
- ❑ Ceka® M3
- ❑ 1.4mm 0.3 Tap for GSH30
- ❑ 2.0mm 0.4 Tap for UNIHT

Vestibular Taps
- ❑ Swiss-loc
- ❑ Lew Passive
- ❑ 1.5mm no tap drill only
- ❑ VKS

❑ Design bar according to the drawings below
● = Implant Position ■ = Clip Placement ▲ = Attachment



6. Special Instructions

_____
_____
_____

❑ Please see back or attached page.

7. BIOMET 3i Screw Ordering

❑ I would not like to order screws at this time.

Certain® Abutment Screws	Qty.
Gold-Tite® Hexed Large Diameter (ILRGHG)	_____
Titanium Hexed Large Diameter (ILRGHT)	_____
External Hex Abutment Screws	
Gold-Tite Square (UNISG)	_____
Gold-Tite Hexed (UNIHG)	_____
Titanium Hexed (UNIHT)	_____
Laboratory Square Try-in Screw - 5 pack (UNITS)	_____
Retaining Screws	
Gold-Tite, 2mm(H) (GSH20)	_____
Gold-Tite, 3mm(H) (GSH30)	_____
Gold-Tite, 7mm(H) (GSH70)	_____
Waxing Screws	
Certain - Implant Level Waxing Screw, 16mm (IWSU30)	_____
External Hex - Implant Level Waxing Screw, 15mm (WSU30)	_____
Abutment Level Waxing Screw, 10mm (WSK10)	_____
Abutment Level Waxing Screw, 15mm (WSK15)	_____

8. Attachment Ordering

	Qty.
LOCATOR Bar Attachment Kit (LOAB)	_____
Hader Clip Gold (ORCG1)	_____
Hader Clip Plastic (ORCY1)	_____

9. Certification

I certify that the analog positions on the cast and the wax try-in have been verified for accuracy and the stated information is correct. All items that have contacted the oral environment have been disinfected. This form authorizes BIOMET *3i* to fabricate the CAM StructSURE Precision Milled Bar using and consistent with the information provided on this work order.

Technician Signature _____

Date _____

Job #_____

Issued By_____

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