**CAM StructSURE®**
PRECISION MILLED BARS

# Work Order

## *1. Account Information (Please Print)

* **Customer Name:**_____

BIOMET *3i* Account#:_____

* **Bill To:**_____

_____

Ship To:_____

_____

* **Contact:**_____

* **Phone:**_____

Fax:_____

* **Email:**_____

* **Patient ID:**_____

*Indicates Required Fields

## 2. Preparing Your Case For Shipment

**IMPORTANT:**
- **Only use new implant analogs.**
- **Please do not send the articulator.**
- **Missing information or components can delay your case.**

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

***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

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

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

## **4. Case Information

| Tooth Position | Implant Brand** | Implant System | Implant Platform Diameter | | Abutment Type |
|---|---|---|---|---|---|
| | | | | or | |
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| | | | | 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**
- ❑ As close as possible
- ❑ Specify in mm = _____mm

**Shape**
- ❑ Follow tissue contour
- ❑ Straight

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

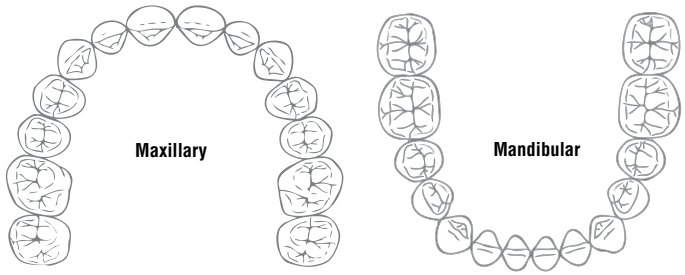
Tap Areas For Attachments

**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. I have reviewed the applicable Procedure and Laboratory Manual (ART868) for this product.

***Technician Signature** _____

***Date** _____

Job #_____

Issued By_____

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