



Bio-Infinity®
BiiB = Bio-Infinity Implant Bridge

Titanium Superstructure Scanning Request Application Form

Date:		Type of Appliance:
Company & Laboratory Name:		
Address:		
Contact Person:		
Patient Name:		
Telephone No.:		
Materials	Implant Type Availability	
<input type="checkbox"/> Titanium	3i™ - Hexed <input type="checkbox"/> 3.4 Micro Mini <input type="checkbox"/> 4.1 <input type="checkbox"/> 5.1 <input type="checkbox"/> 6.0	<input type="checkbox"/> Direct to Fixture <input type="checkbox"/> Multi Unit Abutment
Implant Bridge	3i™ - Certain®	
<input type="checkbox"/> Direct to Fixture	<input type="checkbox"/> 3.4 <input type="checkbox"/> 4.1 <input type="checkbox"/> 5.0 <input type="checkbox"/> 6.0	<input type="checkbox"/> Direct to Fixture <input type="checkbox"/> Multi Unit Abutment
(Implant Level)	Ankylos® <input type="checkbox"/>	
<input type="checkbox"/> Direct to Abutment	Astra Tech Implant System™ <input type="checkbox"/> 3.5/4.0 <input type="checkbox"/> 4.5/5.0	<input type="checkbox"/> To 20° & 45° Uni Abutment
<input type="checkbox"/> 2 Unit Bridge	Brånemark System®	
<input type="checkbox"/> 3 Unit Bridge	<input type="checkbox"/> Narrow <input type="checkbox"/> Regular <input type="checkbox"/> Wide	<input type="checkbox"/> Direct to Fixture <input type="checkbox"/> Multi Unit Abutment
<input type="checkbox"/> 4 Unit Bridge	Endopore®	
<input type="checkbox"/> 5 Unit Bridge	<input type="checkbox"/> 3.5 <input type="checkbox"/> 4.1 <input type="checkbox"/> 5.0	<input type="checkbox"/> Direct to Fixture
<input type="checkbox"/> 6 Unit Bridge	ITI Straumann	
<input type="checkbox"/> 7 Unit Bridge	<input type="checkbox"/> Narrow Neck <input type="checkbox"/> Reg. Synocta <input type="checkbox"/> Wide Synocta	<input type="checkbox"/> Direct to Fixture <input type="checkbox"/> Synocta Abutment
<input type="checkbox"/> 8 Unit Bridge	MIS <input type="checkbox"/>	
<input type="checkbox"/> 9 Unit Bridge	Replace® Select	
<input type="checkbox"/> 10 Unit Bridge	<input type="checkbox"/> Narrow <input type="checkbox"/> Regular <input type="checkbox"/> Wide <input type="checkbox"/> 6mm	<input type="checkbox"/> Direct to Fixture <input type="checkbox"/> Multi Unit Abutment
<input type="checkbox"/> 11 Unit Bridge	Southern - Hexed	
<input type="checkbox"/> 12 Unit Bridge	<input type="checkbox"/> 3.25 <input type="checkbox"/> 4.0 <input type="checkbox"/> 5.0 <input type="checkbox"/> 6.0	<input type="checkbox"/> Direct to Fixture <input type="checkbox"/> Multi Unit Abutment
<input type="checkbox"/> 13 Unit Bridge	Southern - Tri-Lobe	
<input type="checkbox"/> 14 Unit Bridge	<input type="checkbox"/> 3.5 <input type="checkbox"/> 4.3 <input type="checkbox"/> 5.0	<input type="checkbox"/> Direct to Fixture <input type="checkbox"/> Multi Unit Abutment
	Zimmer®	
	<input type="checkbox"/> Narrow <input type="checkbox"/> Regular <input type="checkbox"/> Wide	<input type="checkbox"/> Direct to Fixture

PLEASE FAX COMPLETED APPLICATION FORM TO: (+61 2) 8756 5930 / OR POST TOGETHER WITH YOUR CASEWORK TO: UNIT 26, 11-21 UNDERWOOD ROAD HOMEBUSH NSW 2140

_____ Signature	_____ agree to take full responsibility for the design and accuracy of the implant model. In the event the completed work does not fit into the patient's mouth, _____ accept full responsibility for payment of _____ Stoneglass Industries' account in relation to this Application Form Request.
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Note: The above signature section must be completed before commencement of work.