



THIS IS WHERE IT
ALL BEGINS

A white line-art illustration of a dental scanbody form, which is a cylindrical component with a threaded base and a wider top section. The text "TRU STARTER SCANBODY FORM" is overlaid on the illustration.

TRU
STARTER
SCANBODY FORM

START YOUR DIGITAL JOURNEY NOW
WITH **TRUABUTMENT**

TRUSTARTER FORM

Referring Lab Name: _____ Phone Number: _____

Select 5 TruScan bodies from the list below

Implant Brand/Size	Quantity	Implant Brand/Size	Quantity
<input type="checkbox"/> Astra Tech EV 3.0 (AE30-SB)	_____	<input type="checkbox"/> MIS C1 NP (MCN-SB)	_____
<input type="checkbox"/> Astra Tech EV 3.6 (AE36-SB)	_____	<input type="checkbox"/> MIS C1 SP (MCS-SB)	_____
<input type="checkbox"/> Astra Tech EV 4.2 (AE42-SB)	_____	<input type="checkbox"/> MIS C1 WP (MCW-SB)	_____
<input type="checkbox"/> Astra Tech EV 4.8 (AE48-SB)	_____	<input type="checkbox"/> Megagen AnyRidge (MRD-SB)	_____
<input type="checkbox"/> Astra Tech EV 5.4 (AE54-SB)	_____	<input type="checkbox"/> Neodent GM (NDG-SB)	_____
<input type="checkbox"/> Astra Tech TX 3.0 (AS3-SB)	_____	<input type="checkbox"/> Neoss ProActive Narrow (NSN-SB)	_____
<input type="checkbox"/> Astra Tech TX 3.5/4.0 (AS4-SB)	_____	<input type="checkbox"/> Neoss ProActive Regular (NSR-SB)	_____
<input type="checkbox"/> Astra Tech TX 4.5/5.0 (AS5-SB)	_____	<input type="checkbox"/> Nobel Active (Conical Connection) 3.0 (NA3-SB)	_____
<input type="checkbox"/> BioHorizons 3.0 (BHN-SB)	_____	<input type="checkbox"/> Nobel Active (Conical Connection) NP (NAN-SB)	_____
<input type="checkbox"/> BioHorizons 3.5 (BH35-SB)	_____	<input type="checkbox"/> Nobel Active (Conical Connection) RP (NAR-SB)	_____
<input type="checkbox"/> BioHorizons 4.5 (BH45-SB)	_____	<input type="checkbox"/> Nobel Active (Conical Connection) WP (NAW-SB)	_____
<input type="checkbox"/> BioHorizons 5.7 (BH57-SB)	_____	<input type="checkbox"/> Nobel Replace (Trilobe Connection) NP (NRN-SB)	_____
<input type="checkbox"/> Biomet 3i Certain 3.4 (BC34-SB)	_____	<input type="checkbox"/> Nobel Replace (Trilobe Connection) RP (NRR-SB)	_____
<input type="checkbox"/> Biomet 3i Certain 4.1 (BC41-SB)	_____	<input type="checkbox"/> Nobel Replace (Trilobe Connection) WP (NRW-SB)	_____
<input type="checkbox"/> Biomet 3i Certain 5.0 (BC50-SB)	_____	<input type="checkbox"/> Nobel Replace (Trilobe Connection) 6.0 (NR6-SB)	_____
<input type="checkbox"/> Biomet 3i Certain 6.0 (BC60-SB)	_____	<input type="checkbox"/> Straumann BLX RB/WB (SXR-SB)	_____
<input type="checkbox"/> Dentium Superline (DSU-SB)	_____	<input type="checkbox"/> Straumann Bone Level SC (SBS-SB)	_____
<input type="checkbox"/> DIO UF Narrow (DUN-SB)	_____	<input type="checkbox"/> Straumann Bone Level NC (SBN-SB)	_____
<input type="checkbox"/> DIO UF Regular (DUR-SB)	_____	<input type="checkbox"/> Straumann Bone Level RC (SBR-SB)	_____
<input type="checkbox"/> Hiossen ET Mini (OTM-SB)	_____	<input type="checkbox"/> Straumann Tissue Level RN (STR-SB)	_____
<input type="checkbox"/> Hiossen ET Regular (OTR-SB)	_____	<input type="checkbox"/> Straumann Tissue Level WN (STW-SB)	_____
<input type="checkbox"/> Keystone Prima SD (KPS-SB)	_____	<input type="checkbox"/> URIS OMNI Narrow (UNSB45105H)	_____
<input type="checkbox"/> Keystone Prima RD (KPR-SB)	_____	<input type="checkbox"/> URIS OMNI Regular (URSB50103H)	_____
<input type="checkbox"/> Keystone Prima WD (KPW-SB)	_____	<input type="checkbox"/> Zimmer Eztetic 2.9 (ZVN-SB)	_____
		<input type="checkbox"/> Zimmer TSV 3.5 (ZV3-SB)	_____
		<input type="checkbox"/> Zimmer TSV 4.5 (ZV4-SB)	_____
		<input type="checkbox"/> Zimmer TSV 5.7 (ZV5-SB)	_____

*Please sign on the next page

TRUSTARTER FORM

Please ship this promotional order to:

Doctor's Full Name: _____ *Limit 1 offer per doctor
Dental Office Name: _____ Phone Number: _____
Shipping Address: _____

Terms & Conditions

*I understand that TruAbutment will send me TruScan Bodies according to the quantity and the brands selected above.

*I understand the shipping charge of \$13 for FedEx 2 day shipping will be charged to the credit card on file for the account below:

Bill-to Customer #:CUST- _____

By my signature below, I certify that I have signatory capacity with this credit card company to authorize charges on this credit card on behalf of my company. If the charges are declined, I personally and individually guarantee the payment of the above charges.

Name

Signature

Date

*Please submit this form to sales@truabutment.com

