

Custom Abutment Order Form

Lab Name: _____

Phone #: _____

Address/Email: _____

Patient Name: _____

Enclosed with case: Scan File Models Upper Lower Bite Soft Tissue Impression Impression Copings Lab Analogs Study Model/Wax-Up

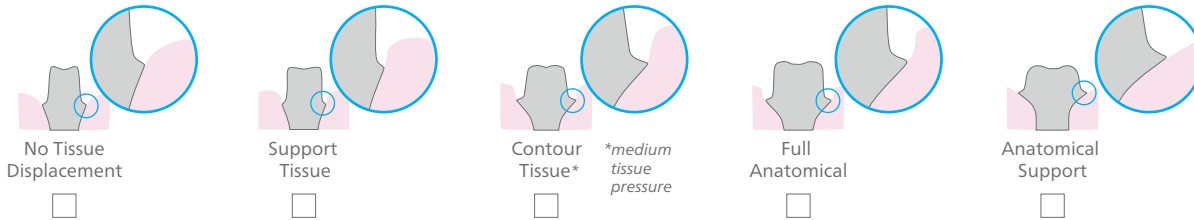
| Tooth Number (UNN) | Implant System (ex: Nobel Active, Zimmer, Straumann Bone Level) | Implant Platform Ø (ex: NP, 4.5, RC) | Abutment Type | | | | |
|-----------------------|---|---|--------------------------|--------------------------|--------------------------|--|-------|
| | | | Titanium | | | Zirconia Hybrid (ti-base + zr coping) | |
| | | | Regular | ASC +\$30 | Gold Hue +\$10 | Shade (ex: A1, 1M1) | |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Design Confirm yes no
I understand that remakes on custom designed abutment orders without design confirmation may NOT qualify for free remakes.

Final Restoration Type for Design Reference
 — for abutment design use only
 cementable screw-type crowns (SCRCP)

Bridges — please indicate the bridges for parallel draw (i.e. #3-5, #6-8)

Abutment Emergence Profile / Margin



Additional Requests (split file requests, etc.):

TruAbutment Design Default

These values are subject to change depending on the implant position.

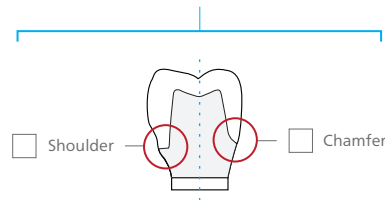
Default Margins (subgingival)

Buccal/Facial -1.0mm
 Distal -0.75mm
 Mesial -0.75mm
 Lingual -0.5mm
 Occlusal Clearance -2mm

OR

Custom Design Request

Abutment Margin Design



Desired Abutment Margin Depth

Buccal/Facial _____
 Distal _____
 Mesial _____
 Lingual _____
 Occlusal Clearance _____

Signature _____

Date _____

I verify that a signed prescription from a licensed dentist or technician is on file for the restoration. I understand that remakes on custom designed abutment orders without design confirmation may NOT qualify for free remakes.

