

# 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

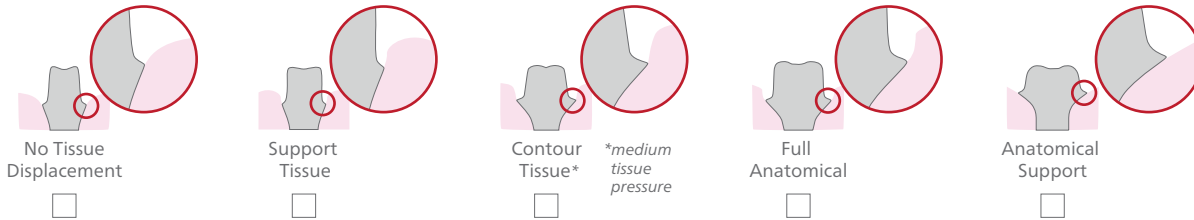
Tooth Number (UNN)	Implant System (ex: Nobel Active, Zimmer, Straumann Bone Level)	Implant Platform Ø (ex: NP, 4.5, RC)	Abutment Type			
			Titanium			Zirconia Hybrid (ti-base + zr coping)
			Regular	ASC +\$30	Gold Hue +\$10	Shade (ex: A1, 1M1)
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>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

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

### Abutment Emergence Profile / Margin



### Additional Requests (split file requests, etc.):

**Uris Design Default**  
 These values are subject to change depending on the implant position.

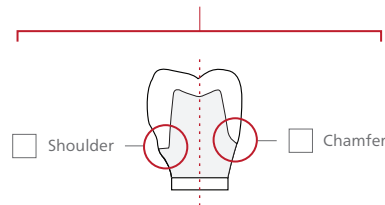
#### Default Margins (subgingival)

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.*