

Custom Abutment Rx

Doctors Name: _____ / Email: _____

Address: _____

Phone: _____

Patient Name: _____ /M/F: _____

Tooth number: _____ | Implant System: _____ | Platform Size: _____

Tooth number: _____ | Implant System: _____ | Platform Size: _____

Tooth number: _____ | Implant System: _____ | Platform Size: _____

Tooth number: _____ | Implant System: _____ | Platform Size: _____

Tooth number: _____ | Implant System: _____ | Platform Size: _____



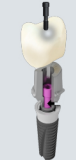
Select 1 of 3 Options*

Check box

SCREW-RETAINED PFM | ONE PIECE*

☐


CEMENTABLE | TWO PIECE ABUT & CROWN
CROWN CEMENTED BY DR.

☐


SCREWMENTABLE | TWO PIECE CEMENTED*
ABUT & CROWN CEMENTED IN LAB

☐

*If access hole allows.

Bridges -- Please indicate material for bridges.

Additional Notes & Other*:

☐ Non Anatomical Stock Abutment

☐ Custom Anatomical Abutment

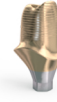
☐ Anodized/ Gold Hue

☐ Zirconia

☐ ASC

Abutment Type

Check box



OmniGrip
Driver
Required

Up to 25° degree angle
correction

☐ Excel Studios 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 -2.5mm

OR

☐ Desired Abutment Margin Depth

Buccal/ Facial: _____

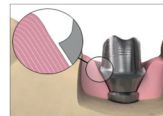
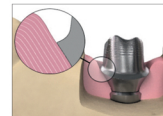
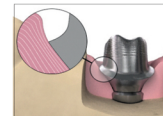
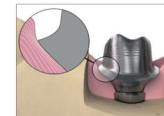
Distal: _____

Mesial: _____

Lingual: _____

Occlusal Clearance: _____

Select Abutment Circumference Options


☐

☐

☐

☐

Enclosed with case:

Scan File

☐

Impression

☐

Bite

☐

Models

☐

Impression copings

☐

Lab Analogs

☐

Other*

☐

Signature: _____

LIC: _____

Date: _____