

# 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**

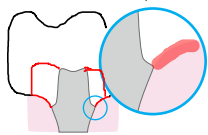
— for abutment design use only

cementable  screw-type crowns (SCRCP)

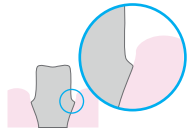
**Bridges** — please indicate the bridges for parallel draw (i.e. #3-5, #6-8)

**Extend the titanium for porcelain support, but use minimal tissue displacement subgingivally.**

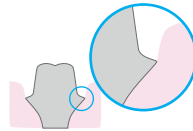
### Abutment Emergence Profile / Margin



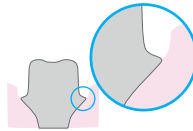
No Tissue Displacement



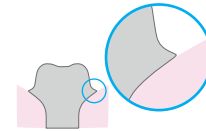
Support Tissue



Contour Tissue\*  
*\*medium tissue pressure*



Full Anatomical



Anatomical Support

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

**TruAbutment Design Default**

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

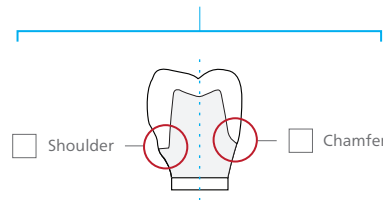
#### Default Margins (subgingival)

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

OR

**Custom Design Request**

#### Abutment Margin Design



Shoulder

Chamfer

#### 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.*

