



SECTION I: CUSTOMER INFORMATION

Please PRINT clearly. All information in sections I & II are required.

Date: Patient Name or PO / Reference No. Prescribing Clinician Postal Code (Required)

PRESCRIBING CLINICIAN OR LAB SIGNATURE:
The signature below confirms that this product is being ordered at the request of a licensed technician or on behalf of a licensed technician

Ordered By (Name of Lab)

Contact

Address City

Province Postal Code Tel

Fax Email

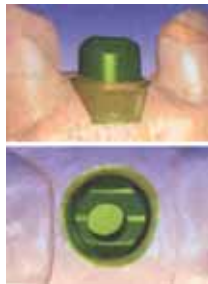
SEND IMAGES AND HOLD CASE
(Case held until approval of abutment design images is provided.)

SEND IMAGES AND PROCESS CASE
(Images will be sent to "Ordered By" email address.)

SECTION II: CASE DATA

Emergence Width Options (select one)

Full Anatomical Dimensions



Margins

Buccal / Facial:
Distal:
Mesial:
Lingual:

Contour Soft Tissue (default if no selection is made)



Default

1.5 mm subgingival
0.8 mm subgingival
0.8 mm subgingival
0.5 mm subgingival

Support Tissue



Doctor specified (if different from default)

Buccal / Facial:
Distal:
Mesial:
Lingual:

No Tissue Displacement



Table with columns: IMPLANT INFORMATION, ABUTMENT MATERIAL / TYPE, MARGIN DESIGN, RETENTIVE SURFACE, HEALING ABUTMENT DIAMETER. Includes rows for tooth #, implant brand, platform diameter, and material selection.

ATLANTIS™ abutment in Zirconia is not available as Gemini (duplicate) or with a retentive surface.
PARALLEL ABUTMENTS
(If final restorations will be splinted, the abutments must be designed to be parallel to one another)
Will restorations be splinted? NO YES
(Circle groups of abutments and / or teeth that will be splinted together.)
1.8 1.7 1.6 1.5 1.4 1.3 1.2 1.1 2.1 2.2 2.3 2.4 2.5 2.6 2.7 2.8
4.8 4.7 4.6 4.5 4.4 4.3 4.2 4.1 3.1 3.2 3.3 3.4 3.5 3.6 3.7 3.8

PAYMENT OPTIONS

- i. Credit Card on File
ii. Cheque Enclosed
iii. New Credit Card - See new credit card information
iv. Other

New Credit Card Information: VISA Mastercard American Express
Card # Exp
Name on Card
Address (if different than shipping)
Cardholder Signature Date