

Clinician-to-laboratory prescription form

Clinician's name _____

Clinician's zip code (required) _____

Case or patient ID _____

Compliments of:



8842 Goodbys Executive Drive
Jacksonville, Florida 32217
(904) 448-0011

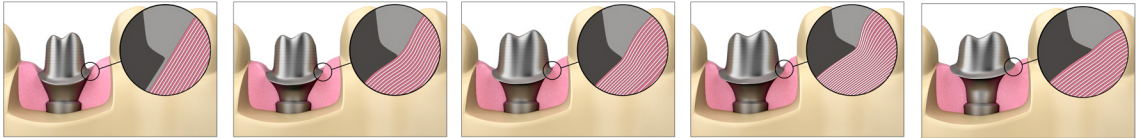
Abutment material choice: (please check box for the material of your choice for each tooth #)

Tooth #	Implant brand	Platform Ø	Duplicate abutment*	ATLANTIS™ Abutment			ATLANTIS™ Crown Abutment
				Ti	GH	Zir (four shades: 00, 10, 20, 30)	Zir (five shades: 00T, 00, 10, 20, 30)
_____	_____	_____	<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"/>
_____	_____	_____	<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"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Not available for zirconia.

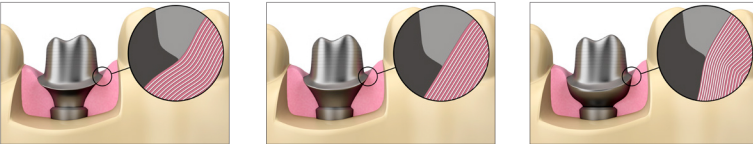
Emergence width options (select one)

- No tissue displacement
 Support tissue
 Contour tissue (default if no selection is made)
 Full anatomical dimensions
 Anatomical support



Emergence shape options (select one)

- Concave (default if no selection is made)
 Straight
 Convex



Margins

Default
 Buccal/facial: 1.0 mm subgingival
 Distal: 0.75 mm subgingival
 Mesial: 0.75 mm subgingival
 Lingual: 0.5 mm subgingival

Clinician specified (if different from default)

Buccal/facial: _____
 Distal: _____
 Mesial: _____
 Lingual: _____

This form is designed to simplify the clinician-lab communication only. Additional information is required by the dental laboratory to complete the order.