

Patient \_\_\_\_\_ Date In \_\_\_\_\_

Age \_\_\_\_\_ M / F Delivery Date \_\_\_\_\_

Doctor \_\_\_\_\_

<b>Abutment</b> <input type="checkbox"/> Titanium <input type="checkbox"/> Zirconia w/Ti Base <input type="checkbox"/> Solid/Existing	<b>Restoration</b> <input type="checkbox"/> BruxZir <input type="checkbox"/> BruxZir Anterior <input type="checkbox"/> PFZ <input type="checkbox"/> PFM	<b>Retention</b> <input type="checkbox"/> Screw <input type="checkbox"/> Cement	<b>Manufacturing</b> <input type="checkbox"/> Require Genuine Manufactured Parts
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**Implant Type**

**Nobel Biocare:** (5.0) (4.3) (3.5)

Replace	<input type="checkbox"/> WP	<input type="checkbox"/> RP	<input type="checkbox"/> NP	<input type="checkbox"/> 6.0
Active	<input type="checkbox"/> WP*	<input type="checkbox"/> RP	<input type="checkbox"/> NP	<input type="checkbox"/> 3.0*
Brånemark	<input type="checkbox"/> WP	<input type="checkbox"/> RP	<input type="checkbox"/> NP	

**Straumann:**

Bone Level  RC  NC

Tissue  RN  WN

Biomet 3i  3.4mm  4.1mm  5.0mm  6.0mm

Thommen  3.5  4.0  4.5  5.0  6.0

Astratech\*  3.5/40\*  4.5/50\*  3.0xsm\*

**Atlantis:**

EV\*  3.0\*  3.6\*  4.2\*  4.8\*  5.4\*

Ankylos\*  3.5\*  4.5\*  5.5\*  7.0\*

Other: \_\_\_\_\_ \*Genuine parts

Digital File Sent  Photo Sent Tooth #: \_\_\_\_\_

**Abutment Emergence Profile**

		
<input type="checkbox"/> Surgical Placement	<input type="checkbox"/> Tissue Displacement	<input type="checkbox"/> No Tissue Displacement

**Shade**

