



Implants Only

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Laboratory Prescription—Custom Abutment

Date: _____ Patient Name: _____

Laboratory Name: _____ Phone Number: _____

Product:

1. Custom Abutment(s)

Total Number of Units Enclosed: _____

a. Tooth Number: _____ Shade: _____ Size: WP/RP/NP
Titanium / Zirconium Scan Only/Complete (Wax and Scan)
Nobel Replace / Replace / Branemark / Nobel Active / Astra

b. Tooth Number: _____ Shade: _____ Size: WP/RP/NP
Titanium / Zirconium Scan Only/Complete (Wax and Scan)
Nobel Replace / Replace / Branemark / Nobel Active / Astra

c. Tooth Number: _____ Shade: _____ Size: WP/RP/NP
Titanium / Zirconium Scan Only/Complete (Wax and Scan)
Nobel Replace / Replace / Branemark / Nobel Active / Astra

d. Tooth Number: _____ Shade: _____ Size: WP/RP/NP
Titanium / Zirconium Scan Only/Complete (Wax and Scan)
Nobel Replace / Replace / Branemark / Nobel Active / Astra