8510 Philadelphia Road Rosedale, MD 21237 **Toll-Free:** (888) 99-FDLAB (33522) **Local:** (410) 780-7700 **Fax:** (443) 772-7701 www.friendshipdentallab.com



straumann[®] CUSTOMIZED ABUTMENT FORM

FOR DOCTOR USE ONLY

CARES® CUSTOMIZED ABUTMENT

Doctor Name				Shade of Restoration					
				Please indicate design of final restoration:					
Address				 Single Units Bridge 					
City	y State Zipcode		2	Our protocol is for you to supply periapicals for the verification and proper seating of impression copings and the evaluation of bony architecture for the design of your custom abutments**					
Phone Email				PATIENT NAME					
Doctor Signature Doctor License #			License #	Patient Name					
DOCTOR	NOTES			EMERGENCE F	PROFILE OPTIC	ONS			
				□ Full □ Anatomical Dimensions	Contour Tissue	Suppoi Tissue	rt [Displa	ssue acement
				Full anatomical	Contour tissue	pport fissue		No tissue displac	ement
			ET	2					
TOOTH #	CARES® Ti ABUTMENT (Cement Retained)	CARES [®] VARIOBASE™ ABUTMENT (Cement Retained)	CARES® VARIOBASE™ ABUTMENT (Screw Retained)*	CARES® ZrO ₂ ABUTMENT (Cement Retained)	CARES® ZrO ₂ ABUTMENT (Screw Retained)*	MARGIN DEPTH			
						Buccal	Lingual	Mesial	Distal

*Porcelain veneered directly to abutment

** If we are not provided with the PA we can only guarantee the fit on the model, not in the mouth