

Lab Design Services Order Form

BellaTek® Abutments

REQUIRED

Account Name: _____ Bill To: _____
 Phone Number: _____
 Case Reference Number: _____ Ship To: _____
 Prescribing Clinician Zip Code: _____

Design Review Needed?

Yes No

Please fill in email below:

Margin Design

■ Shoulder ■ Chamfer ■ Feather



Tissue Displacement Options

Anatomical Tissue Displacement

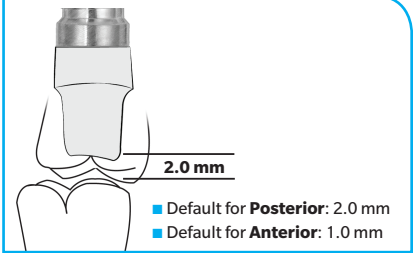
Blanching OK Moderate Tissue Displacement

No Blanching Minimal Tissue Displacement (Default)



Healing Abutment - black circle Margin - outer gray line
 Option three may require tissue adjustment and relief for placement.

Final Abutment Clearance



Implant System

Tooth #							
Connection Type							
Platform Diameter (mm) <i>Not Required For BellaTek® Encode® Cases</i>							

Abutment Instructions

Material Type <i>TiNi Available On Certain® & Ex Hex Only Zirconia Available On TSV™ Only</i>							
Margin Placement (mm)	B/F						
	D						
	M						
	L						
Margin Design							
Tissue Displacement							
Occlusal Clearance (mm)							

Crown Instructions

Send "Copy Append To CAD" Will Design Own Crown <i>(If Y, Please Skip To Models)</i>							
Crown Type							
Shade							
Occlusal Contact							
Proximal Contact							

Model Instructions

Model Required? <i>(if N, Skip To Add'l Instructions)</i>							
Model Type							
Articulator							
Soft Tissue?							

Additional Instructions:

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