

Please Fax To: (419) 479-3933

WESTERN LAKE ERIE O.M.S ABUTMENT ORDERING FORM (V 1.0)

Patient Information

Full Name: _____

Birth date: ____/____/____

Restorative Clinician Information

Full Name: _____

Country: United States

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Email: _____

Laboratory Information

Lab Name: _____

Country: United States

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Email: _____

Instruction: _____

Abutment Information

BellaTek™ Material Options



Titanium

Titanium Nitride

Zirconia

Margin Style Options

- Shoulder
- Chamfer
- Zirconia

Restoration Type Options

Generic

PFM (Porcelain Fused Metal)

Full Metal

Zirconia

Ivoclar Vivadent

e.max®

3M

Lava®

Other

Custom Restoration

Abutment Design #1

Tooth Position:

BellaTek™ Material:

Margin Style:

Restoration Type

Abutment/Restoration Subgingival Margin Depth

Buccal/Facial:

_____ mm

Distal:

_____ mm

Lingual:

_____ mm

Mesial:

_____ mm

Interocclusal Clearance

Metal:

_____ mm

PFM:

_____ mm

All Ceramic:

_____ mm

Tooth Shade

Shade Guide:

Cervical:

Body:

Incisal:

Abutment Design #2

Tooth Position:

BellaTek™ Material:

Margin Style:

Restoration Type

Abutment/Restoration Subgingival Margin Depth

Buccal/Facial:

_____ mm

Distal:

_____ mm

Lingual:

_____ mm

Mesial:

_____ mm

Interocclusal Clearance

Metal:

_____ mm

PFM:

_____ mm

All Ceramic:

_____ mm

Tooth Shade

Shade Guide:

Cervical:

Body:

Incisal:

Abutment Design #3

Tooth Position:

BellaTek™ Material:

Margin Style:

Restoration Type

Abutment/Restoration Subgingival Margin Depth

Buccal/Facial:

_____ mm

Distal:

_____ mm

Lingual:

_____ mm

Mesial:

_____ mm

Interocclusal Clearance

Metal:

_____ mm

PFM:

_____ mm

All Ceramic:

_____ mm

Tooth Shade

Shade Guide:

Cervical:

Body:

Incisal:

Abutment Design #4

Tooth Position:

BellaTek™ Material:

Margin Style:

Restoration Type

Abutment/Restoration Subgingival Margin Depth

Buccal/Facial:

_____ mm

Distal:

_____ mm

Lingual:

_____ mm

Mesial:

_____ mm

Interocclusal Clearance

Metal:

_____ mm

PFM:

_____ mm

All Ceramic:

_____ mm

Tooth Shade

Shade Guide:

Cervical:

Body:

Incisal:

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