

BlueSkyBio OEM Custom Abutments

Name _____ Phone # _____

Address _____ Patient _____

City/State/Zip _____

Due Date: _____ Shade (if required) _____

Enclosed with case: Models Bite Photos

Other: _____

Custom Abutment Order

Abutment Selection	Platform Selection		
<input type="checkbox"/> BIO One Stage	<input type="checkbox"/> NP	<input type="checkbox"/> RP	<input type="checkbox"/> WP
<input type="checkbox"/> BIO Quattro	<input type="checkbox"/> NC	<input type="checkbox"/> RC	
<input type="checkbox"/> BIO Internal Hex	<input type="checkbox"/> 3.5mm	<input type="checkbox"/> 4.5mm	
<input type="checkbox"/> BIO Trilobe	<input type="checkbox"/> 3.5mm	<input type="checkbox"/> 4.3mm	<input type="checkbox"/> 5.0mm
<input type="checkbox"/> BIO Max	<input type="checkbox"/> Narrow	<input type="checkbox"/> Regular	
<input type="checkbox"/> BIO Conus 12	<input type="checkbox"/> 3.0mm	<input type="checkbox"/> 3.5/4.0mm	<input type="checkbox"/> 4.5mm/5.0mm

BIO | Custom abutments are certified to be compatible with Blue Sky Bio implants and are manufactured by a third party laboratory. The third party laboratory is responsible for the design and quality of the abutment.

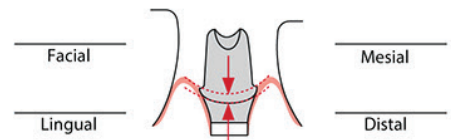
One Abutment Per Form

Additional Instructions

PARALLEL ABUTMENTS

- No
- Yes (indicate which abutments will have restorations splinted together for insertion)
- Non Engaging

ABUTMENT MARGIN DEPTH



If left blank, default values will be used

ABUTMENT MARGIN DESIGN

- Shoulder for all-ceramic *
- Chamfer for PFM/BruxZir *

ABUTMENT EMERGENCE PROFILE

- Tissue Displacement *
- No Tissue Displacement

* Standard unless specified otherwise



Signature: _____

Date: _____

I verify that a signed prescription from a licensed dentist is on file for the restoration.