

Abutment Rx Form



2131 Volunteer Parkway, Suite J
Bristol, TN 37620
(423) 573-9200

www.kingdentalarts.com

Email: dkingdental@gmail.com

PHOTOS ONLY TO

Email: beautifulanteriors@gmail.com

*"Highly Esthetic and
Functional Restorations"*

Patient _____ Date _____

Male Female Age _____ Photos Enclosed or e-mailed _____

Shade _____ Prep Shade _____ Tooth Numbers _____

Custom Milled Abutment

Prep Doctor's enclosed stock abutment

Opaqed Titanium

Analog enclosed

Zirconia (w/Ti-base)
(For Anteriors Only)

Gold Annodized Titanium

Implant Brand _____

Platform Size _____ System _____

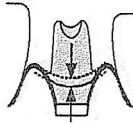
Type

Abutment Margin Depth

Screw-Retained

Cement-Retained

_____ Facial _____



_____ Mesial _____

_____ Lingual _____

_____ Distal _____

For Screw Retained or Screwmentable:

I want to bond together chairside

Lab to bond together and send ready to screw down

Other Special Instructions

Signed Dr. _____

Address _____

City _____ State _____ Zip _____

Please send: Prescription Forms Labels Boxes

Please Schedule Patient
2 Days After Due Date

DATE REQUESTED

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ACTUAL APPT.

Date _____ Time _____

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