The Abutment Guy
Implant Rx Form
Laboratory Procedure Authorization

For Questions
rx@theabutmentguy.com

ALL YELLOW HIGHLIGHTED AREAS ARE REQUIRED. ***An incomplete form will result in case delays until proper data can be collected.***

LAB NAME

DR. NAME

FULL ADDRESS

GROUP / PRACTICE NAME

EMAIL | PHONE

PATIENT INFO
FIRST NAME | ☐ FEMALE ☐ MALE
LAST NAME | AGE _____

DUE DATE
Standard working time if no date is provided.

TODAY'S DATE

INTERFACE

COMPONENT SELECTION
☐ OEM ☐ Universal*

ABUTMENT MATERIAL
☐ Titanium* ■
☐ Gold Anodized Titanium

RESTORATION TYPE
☐ Screw-retained

RESTORATION MATERIAL
☐ PFM

TYPE (PLEASE CIRCLE)
NOBLE
NON-PRECIOUS

DIGITAL SCAN UPLOAD

UPLOAD
File Upload

ANALOG CASES

THE ABUTMENT GUY
8890 ROYAL PALM BLVD
CORAL SPRINGS, FL 33065

IMPLANT SUPPORTED DEFINITIVE RESTORATION

SERVICE LEVEL
☐ Single Crown
☐ Multi-Unit Bridge

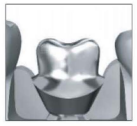
PATIENT INFORMATION
Shade _____

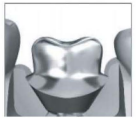
SCAN BODY TYPE
OEM (Manufacturers Original)
Aftermarket Vendor: _____

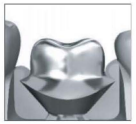
GINGIVAL SHADE
☐ Standard
☐ Medium
☐ Dark

*Default option if no option is selected.

EMERGENCE PROFILE


☐ Follow tissue (no expansion)


☐ Contour design (expand tissue by 0.5mm)


☐ Anatomical (fully expand tissue)

TOOTH #	MANUFACTURER	CONNECTION TYPE	PLATFORM SIZE	MARGIN DEPTH

ITEMS REQUIRED:
- Physical impression or digital impression in PDF format. Please zip files before sending.

***FOR SENDING YOUR PROSTHETICS CASE:**
rx@theabutmentguy.com or upload at theabutmentguy.com /order

SPECIAL INSTRUCTIONS

■ DIGITAL SCAN SENT

ENCLOSED WITH CASE

☐ MODEL ☐ BITE ☐ PHOTOS ☐ TEETH ☐ OTHER _____
☐ SHADE TAB ☐ IMPRESSIONS ☐ METAL TRAYS ☐ ARTICULATOR

DR. SIGNATURE

DR. LICENSE # | **EXPIRES**

FOR LAB USE ONLY