

877.933.6455 I www.custom-milling.com

4680 Table Mountain Drive, Suite 100 Golden, CO 80403

Laborat	ory Name_								
Address	3								
City				Sta	iteZ	IP			
Phone_									
E-mail _									
Patient	Name					Ca	se.#		
				all abutment cases					
ABUTM	IENT MATE	ERIAL CH	IOICE (p	lease check box for	the material of yo	our choice for e	each tooth #)		
Titanium	Gold-Hue Anodized	Zirconia	Chrome Cobalt	Full-Contour Screw-Retained	Tooth #	Implan	t Brand	Platform Φ	
						-			
EMERO	GENCE WIL	отн орт		ect one)					
☐ Full anatomical dimensions			☐ Contour soft tissue (default)		☐ Support tis	sue	ue □ No tissue displacement		
	6								
MARGINS			DEFAULT		CLINICIAN SPECIFIED (if different from default)				
Buccal / facial :			1.0 mm subgingival		Buccal / facial :				
Distal:			0.75 mm subgingival		Distal:				
Mesial:			0.75 mm subgingival		Mesial:				
Lingual:			0.5 mm subgingival		Lingual :				
	AL INSTRU		oroval need	ded? □ YES	□ NO				
DUE DATE/					PROMO CODE				
SIGNATURE					DATE				