



ATLANTIS PRESCRIPTION FORM

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Please **PRINT** Clearly. All Information in Sections I & II Required. Section III – Case Requirements on reverse.

SECTION I: CUSTOMER INFORMATION

Patient Name or Reference Number		Prescribing Clinician Zip Code <i>(REQUIRED)</i>		Astra Tech Customer Number <i>(if available)</i>	
<i>Prescribing Clinician or Lab Signature: The signature below confirms that this product is being ordered at the request of a licensed dentist or on behalf of a licensed dentist whose information is on file with the lab.</i>		Payment Method: <input type="checkbox"/> Invoice <input type="checkbox"/> Credit Card <input type="checkbox"/> Am Ex <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		Shipping Preference <i>(Please check preference)</i> <input type="checkbox"/> Standard 2 Day <i>(Atlantis default)</i> (\$13) <input type="checkbox"/> Next Business Day (\$16) <input type="checkbox"/> Next Business Day AM (\$24)	
		CC #: _____ Exp Date: _____		<i>Bill to this FedEx shipping account:</i>	
Ordered By <i>(Name of Lab or Practice)</i>		Bill To <i>(Name of Lab or Practice)</i>		Ship To <i>(Name of Lab or Practice)</i>	
		<i>(Same as "Ordered By" <input type="checkbox"/>)</i>		<i>(Same as "Ordered By" <input type="checkbox"/> OR "Bill To" <input type="checkbox"/>)</i>	
Contact		Contact		Contact	
Address		Address		Address	
City	State	Zip	City	State	Zip
Phone	Fax		Phone	Fax	
Email address:		Email address:		Email address:	

Send Images. Hold Case. *(Case held until response to emailed images received.)* Send Images. Process Case. *(Case will proceed as usual.)* Images will be sent to "Ordered By" email address only.

SECTION II: CASE DATA & DESIGN PREFERENCES *(see other side for pictures of (*) items)*

Today's Date:	IMPORTANT INFORMATION: Please indicate specific case preferences below. If you do not mark any specific items below, your Abutment(s) will be designed using the Atlantis defaults indicated in the shaded example line and will be made of TITANIUM. The Atlantis Abutment in Zirconia is not available as a Gemini (Duplicate), with GoldHue, or with a Retentive Surface. Provide information regarding Parallel Abutments and Splinted Restorations on back of this page.	DESIGN OPTIONS Select ONLY ONE of the 4 design options below
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IMPLANT INFORMATION			ABUTMENT MATERIAL				ABUTMENT MARGIN AND SURFACE DESIGN INFORMATION							
Tooth #	Implant Type	Platform Diameter in mm	Atlantis Abutment in Titanium	Atlantis Abutment in Zirconia™	Atlantis GoldHue® Abutment <i>(Gold-shaded)</i>	Atlantis Gemini® Abutment <i>(Duplicate)</i>	Margin Depths* in mm <i>(Atlantis default margin depths indicated in example line below)</i>				Margin Design* <i>(Select one)</i>		Retentive Surface* <i>(Atlantis default)</i>	Healing Abutment Diameter in mm <i>(if present)</i>
							B/F	D	M	L	Chamfer <i>(Atlantis default)</i>	Shoulder	Check Y or N	
Ex: 15	Astra Tech	4.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.0	0.75	0.75	0.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	5.5
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
6.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	

If this case has HEALING ABUTMENTS in place, please indicate diameter in the Healing Abutment column to the left and select one of the **FIRST 3 Design Options**.

If you select the Design Option "FOLLOW SOFT TISSUE CONTOURS", we will follow the provided soft tissue model to limit the diameter of the abutments and will ignore any healing abutment information provided.

- IDEAL *(largest circumference abutment design – may require surgical placement) (Atlantis default)*
- BLANCHING OK *(medium circumference abutment design)*
- NO BLANCHING *(smallest circumference abutment design)*
- FOLLOW SOFT TISSUE CONTOURS *(Model reflects desired emergence profile)*

SECTION II (Continued): PARALLEL ABUTMENTS

SECTION III: PROVISIONAL RESTORATIONS

SECTION IV: CASE REQUIREMENTS

If final restorations will be splinted, the abutments **MUST** be designed to be parallel.

WILL RESTORATIONS BE SPLINTED?

- Y (*Atlantis default*) N

If **YES**, circle groups of abutments &/or teeth that will be splinted. Abutments will be designed to be parallel to one another.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Provisional(s) ordered YES NO (*Atlantis default*)

- If **YES**, please indicate below **all teeth** for which you are requesting provisionals (implants, natural teeth and pontics). If **YES** is checked and no other information is provided, Atlantis will provide provisionals only for implant abutments ordered.
- Indicate below which provisionals should be splinted together by **circling the groups of teeth**. See example for assistance. If no indication is provided, all provisionals ordered on this form will be splinted.

Please note: *Provisionals are not available for Zirconia Abutments.*

Tooth #'s	Shade (<i>Atlantis default A2</i>)	Fabricate Out of Occlusion	Fiber Reinforced (<i>req. for 6+ unit splinted provisionals</i>)
Ex: 13	A3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15	A3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

ABUTMENT SCREWS

- An Atlantis Abutment HT™ or HTZ™ Titanium Abutment Screw will be provided for each abutment at no charge. These high-torque titanium abutment screws meet or exceed the implant manufacturer's recommendation for torque. Always use the implant manufacturer's torque when placing the abutment screws.
- When placing an Atlantis Abutment in Zirconia, the provided Atlantis Abutment HTZ Titanium Abutment Screw **MUST** be used and should not be replaced with another screw. Please see the Atlantis Instructions for Use for more details.

- The following materials are **REQUIRED** to be shipped with each case.
- Ensure all appropriate boxes are checked before shipping the case.
- Case material MUST be disinfected prior to shipment.**

Cases with 1-3 Adjacent Implants*

- Prescription Form
- Full Arch Master Cast
- Full Arch Opposing Cast
- Casts Articulated
- Analogs/Replicas Placed in Model
- Soft Tissue Model (Stone or Silicone) (*required for all cases with healing abutments*)

Cases with 4 or More Adjacent Implants*

- ALL ITEMS LISTED PREVIOUSLY, PLUS:**
- Removable Diagnostic Wax-up
- Soft Tissue Model (Stone or Silicone)

Full Arch Cases

- ALL ITEMS LISTED PREVIOUSLY, PLUS:**
 - Record Base **OR** Occlusal Bite Rim
- *ALL CASES WITH 2 OR MORE ADJACENT EDENTULOUS SPACES (those not replaced with an implant) MUST include a Diagnostic Wax-up AND Soft Tissue Model.**

SECTION III: LABORATORY SERVICES

Please indicate additional products & services required by marking box with an "X". See price list for current pricing.

- Complete Laboratory Services**
Includes two or more of the following: stone model, analogs, analog placement, articulation, or soft tissue model
- Partial Laboratory Services**
When only one of the services listed below is required:
 - Articulation Only
 - Soft Tissue Model Only
 - Analog Placement Only
 - Pour Cast: Upper Lower
- Additional Services**
 - Positioning Template
 - Removable Diagnostic Wax Up

Please Note: If Case includes 4 or more adjacent implants or 2 or more edentulous spaces and a Diagnostic Wax Up is not included, one will be provided and charged. Please see **Case Requirements** to the right.

CASE DESIGN EXAMPLES

MARGIN DEPTHS

ADDITIONAL CASE INSTRUCTIONS:

Margin Designs		Margin Depths		Retentive Surface
Shoulder 	Chamfer (<i>Atlantis default</i>) 	A. Measured from gingival crest to abutment margin (<i>Atlantis default</i>) 	B. Measured from implant surface to abutment margin 	