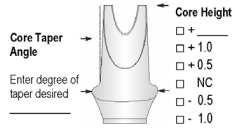
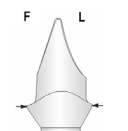
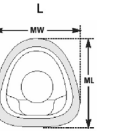
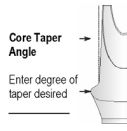
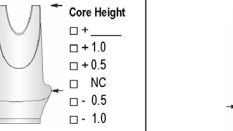
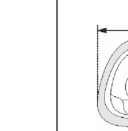
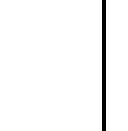
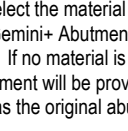


Please **PRINT** Clearly - All Information in Sections I, II and III Required. Enter Special Instructions on reverse.

SECTION I: CUSTOMER INFORMATION								
Original Case # (REQUIRED)			Patient's Name:			Today's Date:		
<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 (Please check preference) <input type="checkbox"/> Standard 2 Day (Atlantis default) (\$13) <input type="checkbox"/> Next Business Day (\$16) <input type="checkbox"/> Next Business Day AM (\$24)		
			Credit Card Number: _____			Exp Date: _____		
Ordered By (Name of Lab or Practice)			Bill To (Name of Lab or Practice) (Same as "Ordered By" <input type="checkbox"/>)			Ship To (Name of Lab or Practice) (Same as "Ordered By" <input type="checkbox"/> OR "Bill To" <input type="checkbox"/>)		
Contact			Contact			Contact		
Address			Address			Address		
City	State	Zip	City	State	Zip	City	State	Zip
Phone	Fax		Phone	Fax		Phone	Fax	
Email address:			Email address:			Email address:		
<input type="checkbox"/> Send Images. Hold Case. (Case held until response to emailed images received.) <input type="checkbox"/> Send Images. Process Case. (Case will proceed as usual.) Images will be sent to "Ordered By" email address.								

SECTION II: CASE DATA

IMPORTANT: Please indicate case preferences below. ▪ If you do not select a material in Section III, your Abutment(s) will be provided in the same material as your original case. ▪ All measurements are in mm unless otherwise noted. ▪ Use additional Prescription Forms if ordering more than four Gemini+ Abutments. ▪ By checking "NC" below, you are indicating **NO CHANGE** to that parameter **ONLY** (in relationship to the original or primary abutment).

TOOTH NUMBER _____ SELECT ONE: <input type="checkbox"/> Retentive Surface <input type="checkbox"/> NO Retentive Surface <input type="checkbox"/> Check HERE if NO CHANGES are requested						TOOTH NUMBER _____ SELECT ONE: <input type="checkbox"/> Retentive Surface <input type="checkbox"/> NO Retentive Surface <input type="checkbox"/> Check HERE if NO CHANGES are requested						SECTION III: ABUTMENT MATERIAL SELECTION				
 <p>Core Taper Angle Enter degree of taper desired</p>		 <p>F</p>		 <p>L</p>		 <p>MW ML</p>		 <p>Core Taper Angle Enter degree of taper desired</p>		 <p>F</p>		 <p>L</p>		 <p>MW ML</p>		<p>Please select the material in which your Atlantis Gemini+ Abutment should be provided. If no material is selected below, your abutment will be provided in the same material as the original abutment.</p> <p><input type="checkbox"/> Atlantis Abutment in Titanium</p> <p><input type="checkbox"/> Atlantis GoldHue™</p> <p><input type="checkbox"/> Atlantis Abutment in Zirconia™</p>
Core Height <input type="checkbox"/> + <input type="checkbox"/> +1.0 <input type="checkbox"/> +0.5 <input type="checkbox"/> NC <input type="checkbox"/> -0.5 <input type="checkbox"/> -1.0 <input type="checkbox"/> -	Facial Margin Height <input type="checkbox"/> + <input type="checkbox"/> +1.0 <input type="checkbox"/> +0.5 <input type="checkbox"/> NC <input type="checkbox"/> -0.5 <input type="checkbox"/> -1.0 <input type="checkbox"/> -	Lingual Margin Height <input type="checkbox"/> + <input type="checkbox"/> +1.0 <input type="checkbox"/> +0.5 <input type="checkbox"/> NC <input type="checkbox"/> -0.5 <input type="checkbox"/> -1.0 <input type="checkbox"/> -	Margin Width <input type="checkbox"/> + <input type="checkbox"/> +1.0 <input type="checkbox"/> +0.5 <input type="checkbox"/> NC <input type="checkbox"/> -0.5 <input type="checkbox"/> -1.0 <input type="checkbox"/> -	Margin Length <input type="checkbox"/> + <input type="checkbox"/> +1.0 <input type="checkbox"/> +0.5 <input type="checkbox"/> NC <input type="checkbox"/> -0.5 <input type="checkbox"/> -1.0 <input type="checkbox"/> -	Core Height <input type="checkbox"/> + <input type="checkbox"/> +1.0 <input type="checkbox"/> +0.5 <input type="checkbox"/> NC <input type="checkbox"/> -0.5 <input type="checkbox"/> -1.0 <input type="checkbox"/> -	Facial Margin Height <input type="checkbox"/> + <input type="checkbox"/> +1.0 <input type="checkbox"/> +0.5 <input type="checkbox"/> NC <input type="checkbox"/> -0.5 <input type="checkbox"/> -1.0 <input type="checkbox"/> -	Lingual Margin Height <input type="checkbox"/> + <input type="checkbox"/> +1.0 <input type="checkbox"/> +0.5 <input type="checkbox"/> NC <input type="checkbox"/> -0.5 <input type="checkbox"/> -1.0 <input type="checkbox"/> -	Margin Width <input type="checkbox"/> + <input type="checkbox"/> +1.0 <input type="checkbox"/> +0.5 <input type="checkbox"/> NC <input type="checkbox"/> -0.5 <input type="checkbox"/> -1.0 <input type="checkbox"/> -	Margin Length <input type="checkbox"/> + <input type="checkbox"/> +1.0 <input type="checkbox"/> +0.5 <input type="checkbox"/> NC <input type="checkbox"/> -0.5 <input type="checkbox"/> -1.0 <input type="checkbox"/> -	Core Height <input type="checkbox"/> + <input type="checkbox"/> +1.0 <input type="checkbox"/> +0.5 <input type="checkbox"/> NC <input type="checkbox"/> -0.5 <input type="checkbox"/> -1.0 <input type="checkbox"/> -	Facial Margin Height <input type="checkbox"/> + <input type="checkbox"/> +1.0 <input type="checkbox"/> +0.5 <input type="checkbox"/> NC <input type="checkbox"/> -0.5 <input type="checkbox"/> -1.0 <input type="checkbox"/> -	Lingual Margin Height <input type="checkbox"/> + <input type="checkbox"/> +1.0 <input type="checkbox"/> +0.5 <input type="checkbox"/> NC <input type="checkbox"/> -0.5 <input type="checkbox"/> -1.0 <input type="checkbox"/> -	Margin Width <input type="checkbox"/> + <input type="checkbox"/> +1.0 <input type="checkbox"/> +0.5 <input type="checkbox"/> NC <input type="checkbox"/> -0.5 <input type="checkbox"/> -1.0 <input type="checkbox"/> -	Margin Length <input type="checkbox"/> + <input type="checkbox"/> +1.0 <input type="checkbox"/> +0.5 <input type="checkbox"/> NC <input type="checkbox"/> -0.5 <input type="checkbox"/> -1.0 <input type="checkbox"/> -	<p style="background-color: #f2f2f2; padding: 5px;">SECTION IV: ATLANTIS GEMINI ABUTMENTS</p> <p><input type="checkbox"/> Atlantis Gemini® Abutment Check here if you would like Gemini (duplicate) Abutments. Both abutments will be supplied in same material. Atlantis Gemini Abutment not available in Zirconia.</p>	
TOOTH NUMBER _____ SELECT ONE: <input type="checkbox"/> Retentive Surface <input type="checkbox"/> NO Retentive Surface <input type="checkbox"/> Check HERE if NO CHANGES are requested						TOOTH NUMBER _____ SELECT ONE: <input type="checkbox"/> Retentive Surface <input type="checkbox"/> NO Retentive Surface <input type="checkbox"/> Check HERE if NO CHANGES are requested						SECTION IV: ATLANTIS GEMINI ABUTMENTS				

SECTION V: SPECIAL INSTRUCTIONS**DIRECTIONS FOR ORDERING AN ATLANTIS GEMINI+®**

The **Atlantis Gemini+ Abutment** allows the clinician to make changes to an existing abutment design without sacrificing tooth function or the need to modify the abutment by hand. Atlantis Gemini+ Abutment provides an economical way to have a new abutment milled with modifications to accommodate tissue changes or other clinical situations.

Directions for Ordering

Using this **Atlantis Gemini+ Abutment Prescription Form**, indicate by checking the boxes which parameters should be changed. If no changes should be made to a certain parameter, check the "NC" (No Change) box. **For example**, if you want the facial margin height decreased by 1mm but no change made to the lingual margin, then check the "-1" box underneath the Facial Margin Height and the "NC" box underneath the Lingual Margin Height. If nothing is checked for a parameter, no changes will be made to that parameter. To indicate **No Change** to the entire abutment, please check the box above the abutment graphics.

Information Needed

Complete all information in Sections I, II and III. Fax to Atlantis at **617-871-6607**. Please note, if the information is not complete, then your case will not be processed. A confirmation fax will be sent to the "Ship To" customer.

Abutment Material Selection/Case Material

Please indicate in **Section III** the material from which your **Atlantis Gemini+ Abutments** should be fabricated. No additional case material (i.e. models, etc.) is required when ordering an Atlantis Gemini+ Abutment as all changes are made relative to the original Atlantis Abutment designed for your case.

Gemini Abutments

If you would like an **Atlantis Gemini Abutment** for your Atlantis Gemini+ Abutments, please indicate so in **Section IV**. Please note, we do not offer the Atlantis Abutment in Zirconia as an Atlantis Gemini Abutment.

Abutment Screws

All orders for Atlantis Abutments are shipped with an Atlantis HT™ (high torque) Titanium Abutment Screw at no extra charge. These abutment screws meet or exceed the implant manufacturer's recommendation for torque. A retaining screw manufactured by Zimmer Dental is included with orders for Atlantis Titanium and Atlantis GoldHue Abutments for Zimmer Dental implants at no extra charge. The Atlantis Abutment in Zirconia includes the Atlantis HTZ™ Screw.

Provisionals

If ordering a provisional crown, please return all case materials.

Pricing

If the changes you require can be accommodated with the **Atlantis Gemini+ Abutment Prescription Form**, you will be invoiced at a discounted price. Please contact Atlantis Customer Service for exact pricing.

More Extensive Changes

Eight parameters may be changed with this Prescription Form – Core Taper Angle, Core Height, Margin Width, Margin Length, and Margin Height on the Mesial, Distal, Facial or Lingual.

If the changes you require are more extensive than those detailed on the **Atlantis Gemini+ Abutment Prescription Form**, please use the standard Atlantis Prescription Form to order a new Atlantis Abutment. Please return all original case material.

Visit Atlantis on the web at www.atlantiscomp.com for the most up-to-date compatibility, information and pricing. Prices subject to change without notice.

©2006 Atlantis Components, Inc. This form was created by Atlantis Components, Inc. solely for use by its customers and any other use is prohibited.

PRF 008 r7 Electronic

Patent #5674069, 6231342, 5989029. Additional patents pending. Atlantis Components, Inc., the Atlantis logo, Atlantis, Atlantis Gemini, and Atlantis Gemini+ are registered trademarks of Atlantis Components, Inc. Atlantis GoldHue, Atlantis HT, Atlantis HTZ, and Atlantis Abutment in Zirconia are trademarks of Atlantis Components, Inc. All other trademarks are the property of their respective owners.