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Zimmer® Patient Specific Abutment Rx Form

Zimmer Dental
Attn: PSC Department
1900 Aston Avenue, Carlsbad, CA 92008 USA
Phone: (800) 854-7019 Fax: (760) 929-4375
Email: pscdental@zimmer.com

Section 1: Case Date & Design Preferences

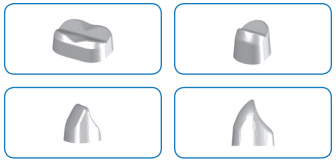
Prescribing Clinician Name: Case Name/Number: Phone: Date:

IMPORTANT: Please indicate specific case preferences below. If you do not mark any specific items below, your abutment(s) will be designed using the Zimmer defaults indicated and will be made of TITANIUM.

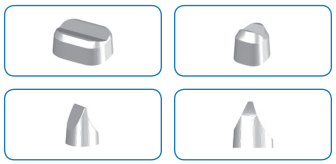
	Implant Information			Abutment Material		Margin Depths in mm (default indicated in example)						Margin Design (Select One)		Cone Surface (Select One)		Emergence Design (Please select from 4 design options described below.)				Cone Design (Please select from 3 design options described to the right.)			Duplicate Abutment	Provisional Restoration
	Tooth #	Implant Type	Platform Diameter (mm)	Titanium	Zirconia	From Top of Soft Tissue	From Top of Implant	B/F	D	M	L	Shoulder (default)	Chamfer	Retentive (default)	Machined	a	b	c	d	I	II	III		
Example	5	TSV	4.5	X		X		1.0	.75	.75	.5	X			X	X				X				

Cone Design

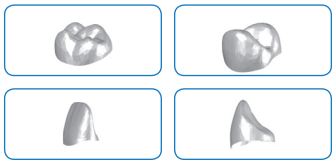
I Natural (default)



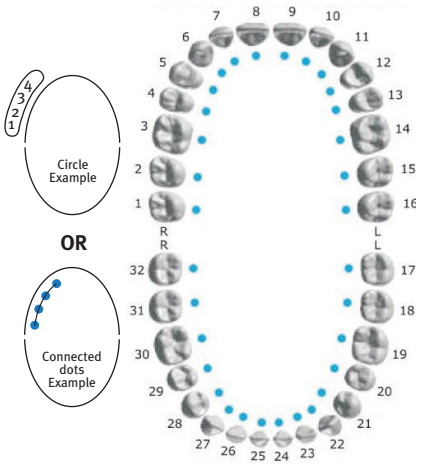
II Angular



III Contoured



Parallel Abutments
Circle tooth numbers or connect blue dots for parallel abutments.



Emergence Design

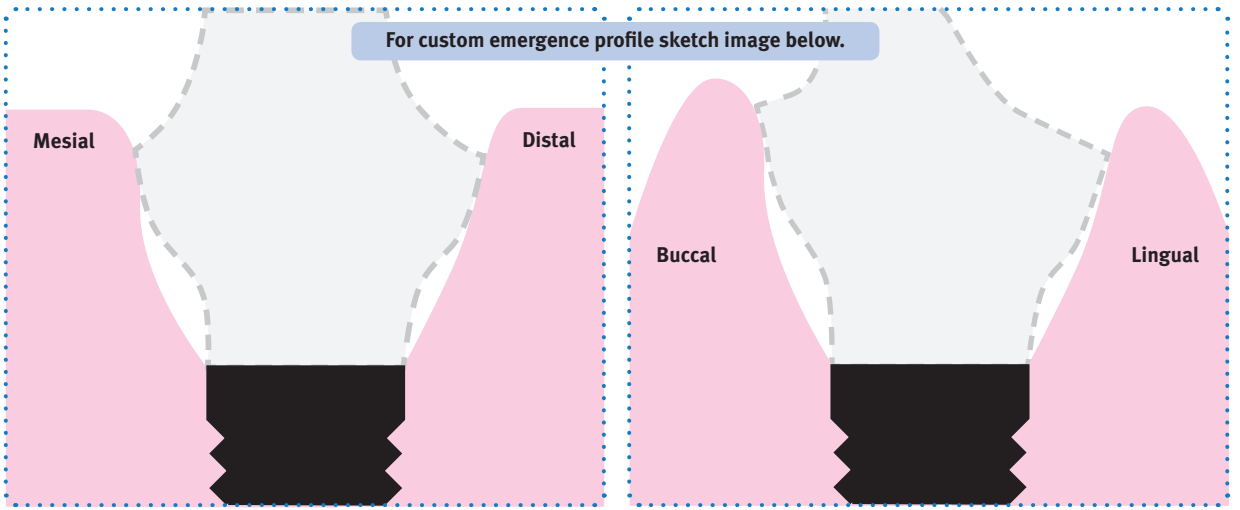
a Ideal (default) may require surgical placement

b Blanching OK

c No Blanching follow soft tissue of model provided

d Please see →

For custom emergence profile sketch image below.



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Zimmer® Patient Specific Abutment R_x Form

For office use only. Zimmer Dental Case #:

Section 2: Identification Information

BILLING INFORMATION

Customer Number (REQUIRED):

Company Name:

Billing Address:

City: State: Zip:

Phone: Fax

Email:

PAYMENT METHOD

❍ Invoice

❍ Credit Card
(fill out credit card information to the right)

CREDIT CARD INFORMATION

❍ VISA ❍ Master Card ❍ AmEx

Name on Credit Card:

Credit Card Number: Exp. Date:

SHIPPING INFORMATION

❍ Same as billing

Company Name:

Shipping Address:

City: State: Zip:

Phone: Fax:

Email:

SHIPPING PREFERENCE

Choose One: ❍ Next Day AM $28.80 ❍ Next Day PM $19.20 ❍ 2-Day (default) $14.95 ❍ Ground $7.80

CASE REQUIREMENTS CHECK LIST

The following materials are **REQUIRED** to process each case. Ensure all appropriate boxes are checked before shipping case to Zimmer.

Case with 1-2 adjacent units:

❍ Prescription Form
❍ Model Including Adjacent Teeth
❍ Opposing Model
❍ Models Articulated OR Bite Registration
❍ Analogs Placed in Model
❍ Soft Tissue Model

Case with 3 or more adjacent units:

❍ All items listed above, plus:
❍ Removable Diagnostic Preparation OR Cast of Temporaries (Diagnostic Wax-up)

If items to the left are not provided, Zimmer Dental will complete the lab services required to process the case and you will be charged the amount below:

❍ Pour Stone Model Only (per case) $50
❍ Analog Placement (per analog) $30
❍ Opposing Cast (per case) $30
❍ Articulation $20
❍ Diagnostic Prep (per unit) $25
❍ Soft Tissue Only (per case) $30
❍ Model Duplicate (per case) $75

Additional lab service:

❍ Provisional Restoration (per unit) $75

Additional Case Instructions/Comments:

Prescription Requestor: (the signature below confirms that the product is being ordered at the request of a licensed dentist or on behalf of a licensed dentist whose information is on file with your facility)

Print Name: Signature: Date: