

Clinician-to-laboratory prescription form for Atlantis® abutments

Compliments of:



5219 East 69th Place • Tulsa, OK 74136
800-741-0002 • www.idasmiles.com

Clinician's name

Date

Case or Patient ID

Clinician's postal code (required)

Emergence width options

Note:





Indicate settings if different than the default settings in Atlantis WebOrder.

Not applicable for Atlantis Conus Abutment, Overdenture.



Tooth number	No tissue displacement	Support tissue	Contour tissue	Full anatomical	Anatomical support	Buccal/Facial 1.0 mm	Distal 0.75 mm	Mesial 0.75 mm	Lingual 0.5 mm
_____	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

Cement-retained restorations - Atlantis® Abutment

Tooth number	Tooth shade	Manufacturer and implant system	Implant diameter Ø	 Titanium	 Gold-shaded titanium	 Zirconia ¹	 Atlantis Crown ²	 Atlantis Core File	 Atlantis Insertion Guide ³	Atlantis duplicate abutment ⁴
_____	_____	_____	_____	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Available in four (4) shades. 2. Available in cut-back and full-contour versions and in 13 shades.
3. For all abutments in the prescribed case. Mandatory for abutments in zirconia. 4. Not available in zirconia.

Screw-retained restorations – Atlantis® CustomBase solution and Atlantis® Crown Abutment

Tooth number	Tooth shade	Manufacturer and implant system	Implant diameter Ø	Atlantis® CustomBase solution					Atlantis® Crown Abutment	
				Titanium	Gold-shaded titanium	Atlantis Crown ⁵	Atlantis Core File	Atlantis Crown File ⁶	Titanium	Zirconia ⁷
_____	_____	_____	_____	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Available in cut-back and full-contour versions and in 13 shades. 6. Available in cut-back and full-contour option. 7. Available in five (5) shades.

Friction-retained solutions – Atlantis® Conus Abutment

Tooth number	Tooth shade	Manufacturer and implant system	Implant diameter Ø	Atlantis® Conus Abutment, Custom		Atlantis® Conus Abutment, Overdenture ⁸		Atlantis duplicate abutment
				Titanium	Gold-shaded titanium	Titanium	Atlantis Insertion Guide	
_____	_____	_____	_____	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Compatible with SynCone 5[®] cap. Mandatory Atlantis Insertion Guide included.

Note: Atlantis Conus Abutment is not compatible for mixed cases (e.g. Atlantis Conus Abutment and Atlantis Abutment, or different conus abutment designs in the same restoration).

Additional comments:

Note: This form is designed to simplify the clinician-lab communication only. Additional information is required by the dental laboratory to complete the order.

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