







Clinic-to-laboratory prescription form






 Clinician's name

 Patient name

ATLANTIS™ abutments for cement-retained restorations

| | | | | | | | | | |
|---|---|---|---|---|---|-----------|--------------------------|--------------------|--------------------------|
|  |  |  |  |  |  | Tooth no. | Manufacturer and implant | Implant diameter Ø | Duplicate abutment |
| <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"/> |

ATLANTIS™ crown abutments for single-tooth screw-retained restorations

| | | | | | | | |
|---|---|---|---|---|-----------|--------------------------|--------------------|
|  |  |  |  |  | Tooth no. | Manufacturer and implant | Implant diameter Ø |
| <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"/> | _____ | _____ | _____ |

Emergence width options (select one)

For more information see other side

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No tissue displacement | Support tissue | Contour tissue | Full anatomical | Anatomical support |
| <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"/> |

Default subgingival depth values

(specify if different from default)

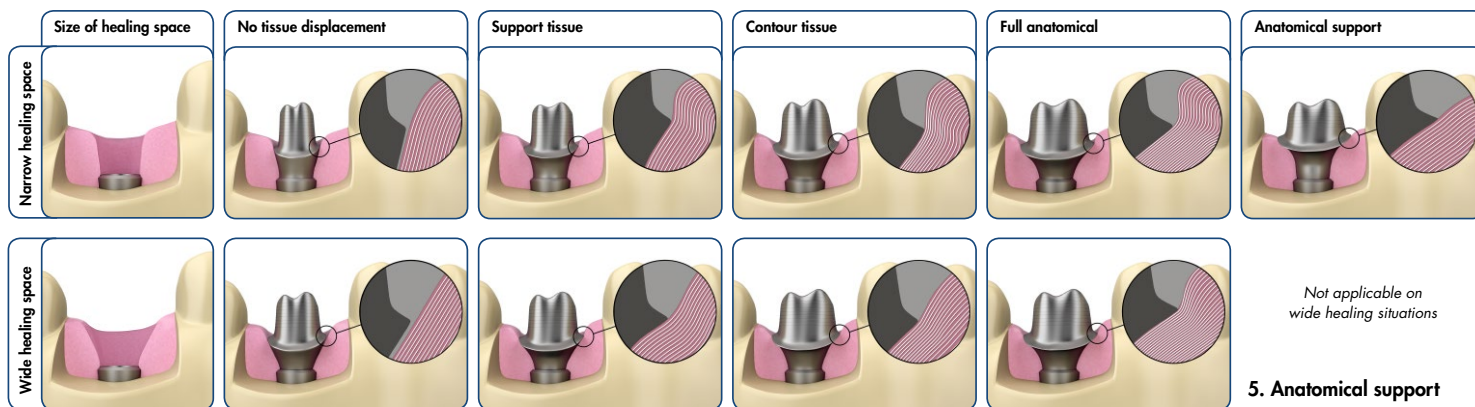
| | | | | |
|-----------|----------------------|----------------|----------------|----------------|
| Tooth no. | Buccal/Facial 1.0 mm | Distal 0.75 mm | Mesial 0.75 mm | Lingual 0.5 mm |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Note: This form is designed to simplify the clinic-to-laboratory communication, and cannot be used in place of the ATLANTIS WebOrder, which should be completed by the laboratory.

Emergence width options

The functional and esthetic outcome achieved with ATLANTIS abutments is a result of the size of the healing space, the emergence width option selected and the position of the restorative margin.

Note: The default emergence width option for ATLANTIS abutments is contour tissue.



1. No tissue displacement

Smallest diameter, nonanatomically shaped abutment with no soft tissue support. The abutment will not touch the soft tissue.

2. Support tissue

Anatomically shaped abutment will be up to 0.2 mm larger than sulcus of silicone model of soft tissue provided with desired emergence profile. "Easy" insertion.

3. Contour tissue

Medium diameter anatomically shaped abutment up to 1.0 mm larger than sulcus of model of soft tissue provided.

4. Full anatomical

Largest diameter abutment provided with best emergence profile possible. A surgical incision for placement may be required.

5. Anatomical support

Ideal for narrow healing space compared to the edentulous situation in the "non-esthetic" zone. The size of the abutment will be anatomically adapted, the margins will be at gingiva level and the emergence shape will be as concave as possible.

Not applicable on wide healing situations