Customer Information

Date: _____ Office Name: _____

Contact Name: _____ Phone #: _____

Patient Name: _____ Appt Date: _____

Uris Implants accepts:
1) Stone models
2) Digital Impressions
*Conventional impressions are no longer accepted

Custom Abutment

Uris Implants Order Form

Attachment Type: ☐ Scan File ☐ Model ☐ Study Model / Wax-Up

☐ Upper ☐ Lower ☐ Bite ☐ Soft Tissue

Tooth No.	Implant System	Platform Ø	Abutment Type Titanium *Please indicate primary (1) and secondary (2) choice				Abutment Type Zirconia Hybrid Shade (ex. A1, 1M1)
			Screw Type (SCRP)		Cementable	Gold Hue	
			Regular DS	ASC +$30	Regular DS	+$10	
			--	--	--	☐	☐ _____
			--	--	--	☐	☐ _____
			--	--	--	☐	☐ _____
			--	--	--	☐	☐ _____
			--	--	--	☐	☐ _____

Uris Default Design ☐

These values are subject to change depending on the implant position.

* Default unless Specified

Default Margins (subgingival) & Occlusal Clearance

Buccal/Facial -1.0mm
Distal -0.75mm
Mesial -0.75mm
Lingual -0.5mm
Occlusal Clearance -2mm

Parallel Abutments

☐ No

☐ Yes* (Default)

(indicate which abutments will have restorations splinted together for insertion)

Bridges

—please indicate the bridges for parallel draw *(ex. #3-5, #6-8)*

_____

Design Confirm*

I understand that remakes on custom designed abutment orders without design confirmation may NOT qualify for free remakes.

☐ Yes

Confirmation Email Address

1. _____

2. _____

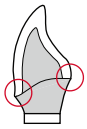
☐ No

Abutment Emergence Profile / Margin

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*
_____	☐	☐	☐	☐	☐	_____	_____	_____	_____
_____	☐	☐	☐	☐	☐	_____	_____	_____	_____
_____	☐	☐	☐	☐	☐	_____	_____	_____	_____
_____	☐	☐	☐	☐	☐	_____	_____	_____	_____

Abutment Margin Design

☐ Shoulder for all-ceramic



☐ Chamfer* for PFM/BruxZir

Additional Notes

Reset Form

URIS Inc. 17666 Fitch, Irvine, CA 92614 | T: 714.956.1488 | F: 714. 956. 1491 | info@urisimplants.com | www.urisimplants.com