



Datum: _____

FRÄSAUFTRAG ABUTMENT

Anschrift/Stempel/Auftraggeber

Name Patient: _____

∅	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
∅																

Abutment einteilig: Straumann Tissue Level [] Straumann BoneLevel [] Frialit XIVE []
 Nobel Biocare Replace [] Nobel Biocare MultiUnit [] Nobel Biocare Branemark []
 Astra Tech Osseo Speed [] Zimmer Tapered Screw Vent []

Abutment Preform original: Straumann Tissue Level [] Straumann BoneLevel [] Camlog []
 Conelog [] iSy [] Dentaforum tioLogic []
 Megagen AnyRidge [] Bredent Sky Elegance []

Abutment Preform nt-Trading: CAM-Serie (Camlog) [] COL-Serie (Conelog) [] L-Serie (Str. BoneLevel) []
 N-Serie (SynOcta) [] S-Serie (Astra OsseoSpeed) [] SEV-Serie (Astra EV) []
 T-Serie (Dentsply Xive) [] Alle anderen Serien []

Abutment Preform Medentika: EV-Serie (Astra EV) [] L-Serie (BoneLevel) [] N-Serie (SynOcta) []
 S-Serie (Astra OsseoSpeed) [] T-Serie (Dentsply Xive) [] Y-Serie (Ankylos) []
 Alle anderen Serien []

Abutment zweiteilig auf Klebebasis:

Interface & Durchmesser Geometrie: _____

Material: Zirkon T [] OP []
 Titan { }
 NEM { }
 PEEK { }

Liefertermin: _____