Dr. Preferences
Implant Abutment Design

Choose Preferences from the Following Options:**				
Category	**Preference**			
Emergence Profile	Thin (may not support tissue)	Match Tissue	Push on Tissue: M D L B	Max tissue displacement: mm____
Margin Height	Subgingival: mm____	Tissue Level	Supragingival: mm____	
Margin Chamfer	Ideal Chamfer: mm____			
Retention Grooves		Omit		Include Surface Preference: M D L B
Seat Position Marks	Mark Buccal	No Mark		
Occlusal Clearance	mm out of occlusion: _____			

Additional Notes:

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**All Abutments require email approval of screenshots

Preferred Email: _____