

# DigitalDental

REINVENTING SMILES™

## Abutment Rx Form (2023)

Account Name: _____ Dr. Name _____	Patient Name: _____
Email: _____ Phone: _____	_____
Address: _____	Delivery Date: _____
City: _____ State: _____ Zip: _____	_____/_____/_____

### Requirements

#### Send cases to [files@digitaldental.com](mailto:files@digitaldental.com)

Required files to send:

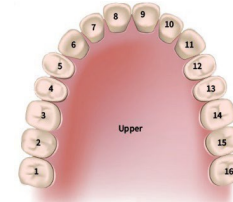
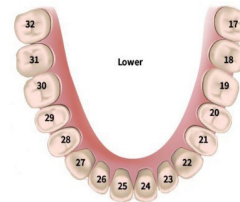
- .XML
- .3OX
- .PTS
- .STL
- .ABUTMENTBASE.PTS

**Signature:** \_\_\_\_\_

License # \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature implies the script has been reviewed for accuracy, legibility, and completion. Person signing accepts company policy on reverse side.

### Design



**Tooth #** \_\_\_\_\_

**Implant system** \_\_\_\_\_

**Diameter size** \_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ALL RESTORATIONS FABRICATED IN THE USA.**