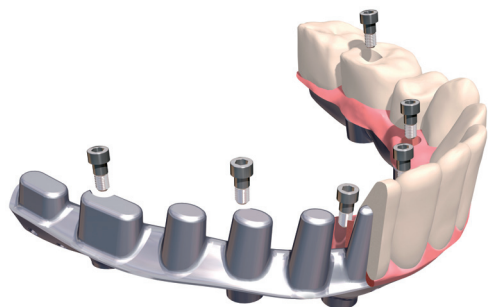


## Abutment Hybrid

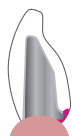


**MATERIAL:**

Titanium ☐



Metal finish ☐

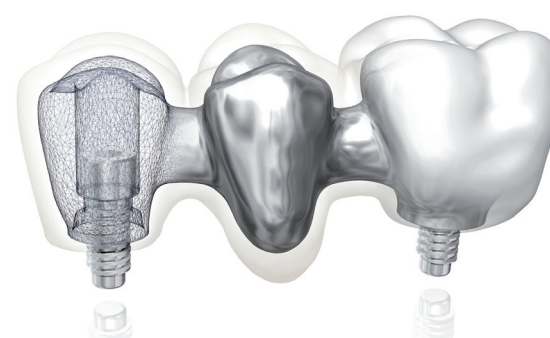


Inverted Overlay ☐



Wrap around ☐

## Screw-retained Bridges



Titanium ☐

Cobalt Chrome ☐



Inverted Overlay ☐



Ceramic gum support ☐

Duplicate ☐

Reduction ☐

Vestibule \_\_\_\_\_ mm.  
Lingual \_\_\_\_\_ mm.  
Oclusal \_\_\_\_\_ mm.

**Master Model**

+

**Fixed wax-up**

Position	Implant System	Position	Implant System
<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"/>	

Patient name / Code: \_\_\_\_\_

Dr.: \_\_\_\_\_

Lab: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel.: \_\_\_\_\_

**Abutments:** Please include the following with the frame work:

☐ Screws

☐ Angulated Screws

☐ Angulated Screw Driver

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

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

\* I hereby confirm that the information given is correct and the model and wax-up are accurate and have been correctly disinfected. I authorize Createch Medical to design and manufacture the framework based on the impression and technical specifications given.

Polígono Plaza, 12 · 20850 Mendara (Guipúzcoa) España · Tel: +34 943 75 71 72 · Fax: +34 943 75 61 02  
createch@createchmedical.com

**www.createchmedical.com**