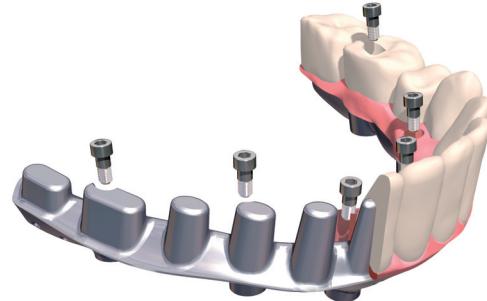


## Abutment Hybrid


**MATERIAL:**

 Titanium 

 Metal finish 

 Inverted Overlay 

 Wrap around 

## Screw-retained Bridges


 Titanium 

 Cobalt Chrome 

 Inverted Overlay 

 Ceramic gum support 

 Duplicate   
Reduction 

 Vestibule   
Lingual   
Oclusal  mm.  
mm.  
mm.

**Master Model**
**+** **Fixed wax-up**

| Position                 | Implant System |
|--------------------------|----------------|
| <input type="checkbox"/> | _____          |

| Position                 | Implant System |
|--------------------------|----------------|
| <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 disinfect. I authorize Createch Medical to design and manufacture the framework based on the impression and technical specifications given.

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