

All-on-4[®] Patient Laboratory Prescription

Phase 2 - Final Impression

Wiand 3-Step FORM #2

Post-Op | Appointment 1

Pour, Mount, & Return
20 In-Lab Working Days

Today's Date: _____ Patient Appointment: _____

Restorative Doctor:		
Surgeon:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Patient Name:		
Male Female (circle one)	Age:	
Arch: Maxillary Mandibular Both (circle one)		
Shade:		
Aesthetic Changes:		
Signature of Dentist: _____		
License Number: _____ Exp: _____		

Type of Final Restoration (Choose one)

Conventional Acrylic Hybrid
 Zirconia Hybrid (recommended)
 Swiss Loc Overdenture
 Other:

Appointment Requirements

Open tray impression(s) Final Shade
 Opposing impression(s) Final aesthetic changes
 Bite stick registration
 Photo series

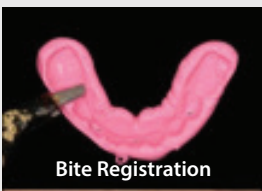
Doctor Items Needed

Impression stock tray(s) Torque wrench for implant system used
 Mira tray(s)
 Light body & heavy body PVS 20mm guide pins
 Bite registration material Gingitech to fill holes
 Driver to remove screws* Camera or smart phone for photos

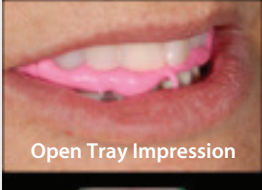
**Please let us know if you need the corresponding driver for the implant system used to remove the prosthesis. We are happy to order that for you.*

Signature is required to fill this prescription. Doctor agrees to pay account in full within 30 days of statement and that 2% interest will be charged per month on all past due balances.

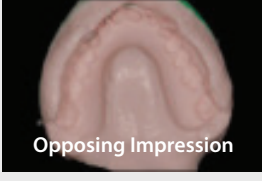
Records Needed



Bite Registration

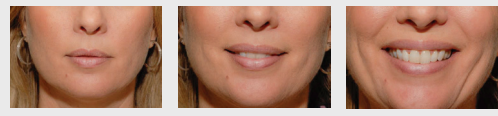



Open Tray Impression




Opposing Impression

Photos Needed

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Up close, patient relaxed | reposed with lips parted, smiling naturally and smiling high.
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Full face, patient relaxed (smiling naturally, smiling high, and side profile relaxes) | repose with lips parted.
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Up close patient in occlusion with cheeks retracted, far away, up close, and both sides.
- Take a video of patient counting from 60 to 70.

Please send photos to photos@wiandlab.com