All-on-4[®] Patient Laboratory Prescription Phase 1 - Provisional

Wiand 3-StepFORM #1 Pre-Op | Appointment 1

Immediate Denture for Conversion 8 In-Lab Working Days

Today's Date:	Patien	t Appointment:			
Restorative Doctor:			Appointment Requirements		
Surgeon:			♥ U/L impressions*		
Address:			 Stick bite registrat Photo series below 		
City:	State:	Zip:	*Be sure to use plenty of me	aterial to capture entire vestibule.	
Phone: Email:			Doctor Items Ne	eded	
Patient Name:			Impression trays		
Patient Appointment:				 Alginate or PVS impression material 	
Male Female (circle one) Age:			 Bite registration material with stick bite Camera or smart phone for photos 		
Arch: Maxillary Mandibular Both (circle one)					
Immediate Load: Maxillary Mandibular Both (circle one)			R Notes:		
Final Restoration: Zirconia Acrylic SwissLoc Other					
Shade:					
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.			Signature of Dentist:		
Records Needed	Ph	otos Needed	License Number:	Exp:	
	1	1-A	č)	Up close, patient relaxed reposed with lips parted, smiling naturally and smiling high.	
Bite Registration	2			Full face, patient relaxed (smiling naturally, smiling high, and side profile relaxed) repose with lips parted.	
Open Tray Impression	3			Up close patient in occlusion with cheeks retracted, far away, up close, and both sides.	
(())	4	4 Take a video of patient counting from 60 to 70.			
Opposing Impression		Please send photos to photos@wiandlab.com			

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