All-on-4®
Laboratory Prescription
Phase 1 - Provisional

Pre-Op | Appointment 1

Immediate Denture for Conversion
8 In-Lab Working Days

Today's Date: _____ ***Patient Appointment:*** _____

Restorative Doctor:		
Surgeon:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Patient Name:		
Patient Appointment:		
Male | Female *(circle one)* Age:		
Arch: Maxillary | Mandibular | Both *(circle one)*		
Immediate Load: Maxillary | Mandibular | Both *(circle one)*		
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.

Appointment Requirements

- ✔ U/L impressions*
- ✔ Stick bite registration
- ✔ Photo series below
- ✔ Shade
- ✔ Aesthetic requests

**Be sure to use plenty of material to capture entire vestibule.*

Doctor Items Needed

- ✔ Impression trays
- ✔ Alginate or PVS impression material
- ✔ Bite registration material with stick bite
- ✔ Camera or smart phone for photos

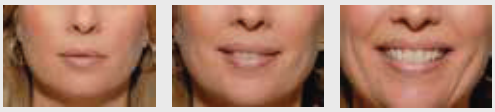
℞ Notes:

Signature of Dentist: _____

License Number: _____ Exp: _____

Records Needed

Photos Needed

1 
Up close, patient relaxed | reposed with lips parted, smiling naturally and smiling high.

2
Full face, patient relaxed (smiling naturally, smiling high, and side profile relaxed) | repose with lips parted.

3
Up close patient in occlusion with cheeks retracted, far away, up close, and both sides.

4 Take a video of patient counting from 60 to 70.

Please send photos to wiandvideo@gmail.com

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