

All-on-4® Lab Prescription Conventional Hybrid Phase 2 - Final Restoration

Post-Op | Appointment 1

Pour, Mount, & Return (PMR)
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: _____		

Appointment Requirements

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

Doctor Items Needed

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



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 relaxes) | 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 photos@wiandlab.com