

# All-on-4® Lab Prescription

## Swiss Loc Hybrid

### Phase 2 - Final Restoration

## Post-Op | Appointment 2

**Screw Retained Wax Try-in**

10 In-Lab Working Days

Today's Date: \_\_\_\_\_ Patient Appointment: \_\_\_\_\_

Restorative Doctor:			<b>Appointment Requirements</b> <ul style="list-style-type: none"> <li>✓ Remove provisional</li> <li>✓ Try-in screw retained wax up with teeth</li> <li>✓ Ensure all screws are hand tightened</li> <li>✓ Confirm bite and esthetics</li> <li>✓ Take photo series</li> </ul> <p><i>Please Note: The set-up and bite need to be confirmed before milling the teeth and frame as changes cannot be made after this point. (any changes will require an additional try-in)</i></p>		
Surgeon:					
Address:					
City:	State:	Zip:			
Phone:	Email:				
Patient Name:			<b>Doctor Items Needed</b> <ul style="list-style-type: none"> <li>✓ Driver to remove screws</li> <li>✓ Torque wrench for implant system used</li> <li>✓ Camera or smart phone for photos</li> </ul>		
Patient Appointment:					
Male   Female (circle one)      Age:					
<b>Arch:</b> Maxillary   Mandibular   Both (circle one)					
<p>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. →</p>			<b>R</b> Notes:		
			Signature of Dentist: _____ License Number: _____ Exp: _____		

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

**Please send photos to [photos@wiandlab.com](mailto:photos@wiandlab.com)**



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