

All-on-4[®] Lab Prescription

Zirconia Hybrid w/Individual Crowns

Phase 2 - Final Restoration

Post-Op | Appointment 1

Pour, Mount, & Return (PMR)

6 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 wiaandvideo@gmail.com