

All-on-4® Lab Prescription

Zirconia Hybrid w/Individual Crowns

Phase 2 - Final Restoration

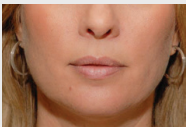




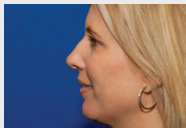



Post-Op | Appointment 2

Wax Try-In with Teeth

30 In-Lab Working Days

Today's Date: _____ Patient Appointment: _____

Restorative Doctor:			Appointment Requirements <ul style="list-style-type: none"> ✓ Unscrew screws and remove provisional ✓ Wax try-in (without frame or Zirconia crowns) ✓ Aesthetic Changes ✓ Confirm set-up and bite ✓ Photo Series <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:			Doctor Items Needed <ul style="list-style-type: none"> ✓ Driver to remove screws ✓ Smart phone or camera for photos 		
Patient Appointment:					
Male Female (circle one) Age:					
Arch: Maxillary Mandibular Both (circle one)			Rx Notes:		
<div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">Last chance to make changes!</div>					
<small>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.</small>			Signature of Dentist: _____ License Number: _____ Exp: _____		

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			



WIAND DENTAL
LABORATORY

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