

All-on-X Lab Prescription



WIAND DENTAL
LABORATORY

480.446.7063 | www.wiandlab.com

Today's Date: _____

Restorative Dentist: _____

Dental Surgeon: _____

Patient Name: _____

☐ Male ☐ Female Age: _____

Arch: ☐ Upper ☐ Lower ☐ Both

Shade: _____

Surgery/Patient Appt: _____ (if known)

Photo Series Needed at Each Step:

1



2



3



Please send photos to photos@wiandlab.com

Provisional for Day of Surgery (Pre-Op)

☐ Ivotion® Immediate Denture for Conversion

Records Needed for Provisional

- ☒ U/L impressions or scans and bite capturing ENTIRE VESTIBULE
- ☒ Photo series
- ☒ Stick bite registration
- ☒ Shade/aesthetic requests

Final Restorative Options (Post-Op)

- ☐ Zirconia Thimble Hybrid w/ Individual Crowns (IC Hybrid)
- ☐ Zirconia Monoblock w/ Integrated Bar
- ☐ SwissLoc Bar Overdenture (fixed but removable by patient)
- ☐ Ivotion® Acrylic Hybrid - Montreal Design
- ☐ Ivotion® Locator Fixed® Hybrid Restoration

Restorative Steps by Restoration (check step you are at):

Zirconia Thimble Hybrid w/ Individual Crowns (4 total appts)

- ☐ Digital PMR (6 days)
- ☐ Prototype try-in confirm set-up/bite/aesthetics (30 days)
- ☐ Bar try-in w/ crowns (6 days)

Zirconia Monoblock w/ Integrated Bar (3 total appts)

- ☐ Digital PMR (6 days)
- ☐ Prototype try-in confirm set-up/bite/aesthetics (30 days)

SwissLoc Bar Overdenture (4 total appts)

- ☐ Digital PMR (6 days)
- ☐ Screw-retained wax try-in confirm set-up/bite/aesthetics (10 days)
- ☐ Bar try-in for passive fit and final aesthetic changes (10 days)

Ivotion® Acrylic Hybrid - Montreal Design (3 total appts)

- ☐ Digital PMR (6 days)
- ☐ Bar try-in w/ teeth confirm set-up/bite/aesthetics (6 days)

Ivotion® Locator Fixed® (3 total appts)

- ☐ Digital PMR (6 days)
- ☐ Teeth try-in confirm set-up/bite/aesthetics (6 days)

**Resets add additional appointment.
Any changes beyond the final
approval and fabrication of final
try-in will result in additional fees.**

Case/Aesthetic Specifics:

☐ Reset (6 days)

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.

Signature of Dentist: _____

License Number: _____ Exp: _____