

# All-on-X Lab Prescription

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:



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