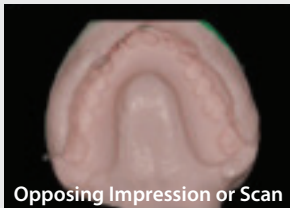
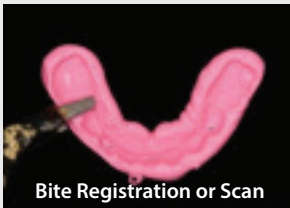


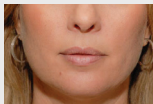








All-on-X Patient Laboratory Prescription Phase 1 - Provisional

Pre-Op

Immediate Denture for Conversion
8 In-Lab Working Days

Today's Date: _____ Patient Appointment: _____

Restorative Doctor:			Doctor Items Needed <ul style="list-style-type: none">✓ Impression trays✓ Alginate or PVS impression material✓ Bite registration material with stick bite✓ Camera or smart phone for photos		
Surgeon:					
Address:					
City:	State:	Zip:			
Phone:		Email:	Records Needed <ul style="list-style-type: none">✓ U/L impressions*✓ Stick bite registration✓ Photo series below✓ Shade✓ Aesthetic requests <p><i>*Be sure to use plenty of material to capture entire vestibule.</i></p> <div></div>		
Patient Name:					
Patient Appointment:					
Male Female (circle one) Age: _____					
Arch: Maxillary Mandibular Both (circle one)					
Immediate Load: Maxillary Mandibular Both (circle one)					
Final Restoration: <ul style="list-style-type: none"><input type="checkbox"/> Zirconia Thimble w/ Individual Crowns<input type="checkbox"/> Integrated Bar – Block Zirconia<input type="checkbox"/> SwissLoc Bar Over Bar<input type="checkbox"/> Acrylic Hybrid					
Shade:					
R Notes:			Photos Needed <div><div>1</div><div>2</div><div>3</div></div> <div>Please send photos to photos@wiandlab.com</div>		
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: _____		



WIAND DENTAL
LABORATORY

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