

Rx DATE: _____

RETURN DATE: _____

PATIENT APPT: _____

Please include all required implant components.

Doctor's Name (Please Print)

Doctor's Address/Phone

Patient's Name Sex Age

REMOVABLE RESTORATIONS

DENTURES:

- Immediate Denture
- Complete Denture
- Conus / Locator
- Hybrid – Acrylic Final
- Hybrid – Zirconia Final
- PIB Titanium
(Procera Implant Bridge)
- Pekkton w/Ind. Crowns / Bridges

PARTIALS:

- Cast Frame Partial
- Cast Frame Only

NIGHT GUARDS/SPLINTS:

- Hard Acrylic
- Hard / Soft

GINGIVAL SHADE:

Pink Mehary Tooth Shade: _____

Implant Platform & Size: _____

ENCLOSED (Lab use only)

- Photo(s) Models Impression Bite Implant Parts

Other: _____

DOCTOR SIGNATURE:

LICENSE #:

RX INSTRUCTIONS: