

TRANSITION LABORATORY PROCEDURE PRESCRIPTION

Doctor Name: _____

Last *First*

Practice Name / ID: _____

Address: _____

Phone: _____

Patient Name: _____

Last *First*

Patient Chart No. _____ M F Age: _____

RX Date _____

Due date/Deliver case by 5PM on _____ (standard working time if no date given)

Case turnaround times are based on the date the prescription is received at Treasur Dental Studio.
Please allow 7 business days (M-F) from that date. The milling of the bar will take at least 14 working days to complete

IMPLANT SYSTEM

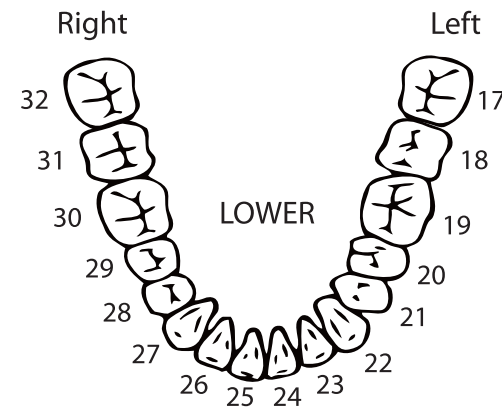
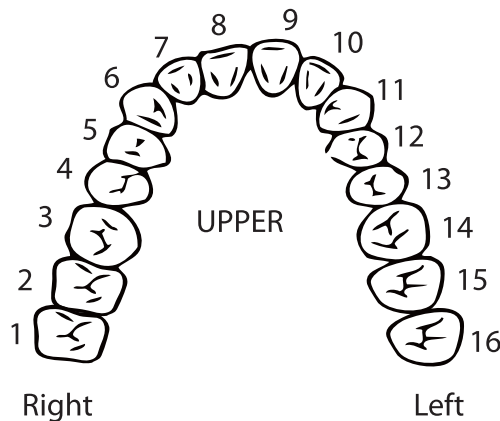
- Nobel Biocare Zimmer Ankylos Astra Tech Other:
 Straumann Implant Direct Camlog Neodent GM/CM _____

Anticipated Diameter of Implants: _____

Style of Implant: _____

SURGERY PROCEDURE

1. _____ 4 on the floor angled: _____ 30° _____ 17°
2. _____ 4 on the floor straight
3. _____ 6 on the floor
4. _____ Other: _____



Surgical Guide: Yes No

Mark all teeth where Implants are to be placed

INTERIM DENTURE ACRYLIC SHADE:

- Lt Fiber Pink Lucitone Original Dk. MeHarry

TEETH SELECTION

Shade: _____ Mould No.: _____

Bone Reduction: Yes No

Maxillary _____ mm Mandible _____ mm

INSTRUCTIONS

AUTHORIZATION

<p>_____ Dr. Signature</p>	<p>_____ License #</p>
---------------------------------------	-----------------------------------

Net 30 days. A finance charge of 2 percent per month will be charged on all past due accounts. If collection is made by suit or otherwise the doctor agrees to pay collection costs, reasonable attorney's fees, and legal expenses.