



PROUDLY DESIGNED AND
MANUFACTURED IN THE USA



CAD/CAM Hybrid Bar Sequential Prescription™

Restorative Doctor		Practice Name		Surgeon	
Address		State	Zip Code	Country	
Phone Number		Email Address		<input type="checkbox"/> Call me to discuss	
Patient		Sex		I am interested in your*: <input type="checkbox"/> Case Photo Sequence <input type="checkbox"/> Media Kit	
Experience with this type of prosthesis:		<input type="checkbox"/> Beginner		<input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
		Ridge Design:		<input type="checkbox"/> Touch-Ridge <input type="checkbox"/> Off-Ridge _____ mm	

PRE-SURGERY

Denture:	Immediate Denture:	Ship to:	Charge to:	Shade _____	Open VDO
<input type="checkbox"/> Upper	<input type="checkbox"/> Upper	<input type="checkbox"/> GP	<input type="checkbox"/> GP	Mold _____	<input type="checkbox"/> Yes _____ mm
<input type="checkbox"/> Lower	<input type="checkbox"/> Lower	<input type="checkbox"/> Surgeon	<input type="checkbox"/> Surgeon	Tissue Shade _____	<input type="checkbox"/> No
<input type="checkbox"/> Both	<input type="checkbox"/> Both			<input type="checkbox"/> Pre-Op Photo Series	
<input type="checkbox"/> Clear Acrylic Duplicate		Ship to:	Charge to:	<div>Due Date _____</div> <div>Surgery Date _____ Surgery Time _____</div>	
<input type="checkbox"/> Bone Reduction Guide		<input type="checkbox"/> GP	<input type="checkbox"/> GP		
<input type="checkbox"/> Provide two bites		<input type="checkbox"/> Surgeon	<input type="checkbox"/> Surgeon		

PRE-RESTORATIVE POST-SURGERY

At the One Month Post-Op visit, evaluate and send photos:

Do you want to make any changes from the Converted Denture? ☐ No ☐ Yes (Please explain below)

Vertical Dimension:	Overjet:
Correct <input type="checkbox"/> Yes <input type="checkbox"/> No	Cervical <input type="checkbox"/> Bring out facially _____ mm <input type="checkbox"/> Bring in lingually _____ mm
<input type="checkbox"/> Remount with new bite	Incisal Edge <input type="checkbox"/> Bring out facially _____ mm <input type="checkbox"/> Bring in lingually _____ mm
<input type="checkbox"/> Open <input type="checkbox"/> Close _____ mm	
Midline:	Mandibular
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved <input type="checkbox"/> Move to the Pt left _____ mm <input type="checkbox"/> Move to the Pt right _____ mm
Incisal Edge Position:	Mandibular
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved <input type="checkbox"/> Raise _____ mm <input type="checkbox"/> Lower _____ mm
<input type="checkbox"/> Raise _____ mm	
<input type="checkbox"/> Lower _____ mm	

This will be used to design the bar for the final prosthesis and is the responsibility of the restoring dentist.

When the patient is ready to be restored, please follow these steps:

Send back to your lab the following items that you may have kept at time of conversion:

☐ Multi-Unit Abutment Model

☐ Articulated Models

☐ Matrix

☐ Fill out the Three-Step Sequential™ Prescription

*Your lab will provide verification jig and custom tray

If your lab kept the following items:

☐ Send your lab this prescription

☐ Give us the authorization to proceed with case

☐ Fill out the Three-Step Sequential™ Prescription

01 / Appointment

☐ Lute Verification Jig, and make Final Impression with provided Custom Tray

☐ Duplicating Your Temporary

_____ + Five days in Lab = _____ by 5:00 pm

Today's Date Due Date

Does not include shipping (two days), weekends, or holidays.

License Number _____

02 / Appointment

☐ Frame with Setup Try-In

_____ + Fifteen days in Lab = _____ by 5:00 pm

Doctor's Signature Today's Date Due Date

Does not include shipping (two days), weekends, or holidays.

License Number _____

03 / Appointment

☐ Final Prosthesis Delivery

☐ Take Pictures to Add to Portfolio

_____ + Seven days in Lab = _____ by 5:00 pm

Doctor's Signature Today's Date Due Date

Does not include shipping (two days), weekends, or holidays.

License Number _____

Client agrees to pay any collection costs incurred in the collection of any delinquent account including reasonable attorney fees.