



CAD/CAM OPAL-Z SR Full Arch  
Sequential Prescription™

PROUDLY DESIGNED AND  
MANUFACTURED IN THE USA



Restorative Doctor		Practice Name		Surgeon	
Address		City	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	
<input type="checkbox"/> Zirconia Only				Ridge Design:	
<input type="checkbox"/> Zirconia with Titanium Bar (extra cost)				<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:	Due Date _____	
<input type="checkbox"/> Bone Reduction Guide		<input type="checkbox"/> GP	<input type="checkbox"/> GP	Surgery Date _____ Surgery Time _____	
<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:	Maxillary	Mandibular	
<input type="checkbox"/> Approved	<input type="checkbox"/> Move to the Pt left _____ mm	<input type="checkbox"/> Approved	<input type="checkbox"/> Move to the Pt left _____ mm
	<input type="checkbox"/> Move to the Pt right _____ mm		<input type="checkbox"/> Move to the Pt right _____ mm
Incisal Edge Position:	Maxillary	Mandibular	
<input type="checkbox"/> Approved	<input type="checkbox"/> Raise _____ mm	<input type="checkbox"/> Approved	<input type="checkbox"/> Raise _____ mm
	<input type="checkbox"/> Lower _____ 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.

01 / Appointment

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

_____	_____ + Five 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

02 / Appointment

☐ Preliminary Wax Try-In

_____	_____ + 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

03 / Appointment

☐ PMMA Validation

_____	_____ + Ten 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

04 / Appointment

☐ Final Prosthesis Delivery ☐ Take Pictures to Add to Portfolio

_____	_____ + Ten 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