

CAD/CAM Patient Removable Bar Sequential Prescription™



Restorative Doctor _____ Practice Name _____ Surgeon _____

Address _____ State _____ Zip Code _____ Country _____

Phone Number _____ Email Address _____

Call me to discuss
I am interested in your*: Case Photo Sequence Media Kit
*Signed Agreement of Use required

Patient _____ Sex _____

Experience with this type of prosthesis: Beginner Intermediate Advanced
 RE Bourke Integrated Bar
 Lock N Release
 Ridge Design: Touch-Ridge 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 _____ Surgery Date _____ Surgery Time _____
<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:	
<input type="checkbox"/> Approved	Maxillary <input type="checkbox"/> Move to the Pt left _____ mm <input type="checkbox"/> Move to the Pt right _____ mm
	Mandibular <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:	
<input type="checkbox"/> Approved	Maxillary <input type="checkbox"/> Raise _____ mm <input type="checkbox"/> Lower _____ mm
	Mandibular <input type="checkbox"/> Approved <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.

01 / Appointment

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

 Doctor's Signature _____ Today's Date + Five days in Lab = _____ Due Date by 5:00 pm _____ License Number
Does not include shipping (two days), weekends, or holidays.

02 / Appointment

Wax Try-In

 Doctor's Signature _____ Today's Date + Seven days in Lab = _____ Due Date by 5:00 pm _____ License Number
Does not include shipping (two days), weekends, or holidays.

03 / Appointment

Frame with Setup Try-In

 Doctor's Signature _____ Today's Date + Fifteen days in Lab = _____ Due Date by 5:00 pm _____ License Number
Does not include shipping (two days), weekends, or holidays.

04 / Appointment

Final Prosthesis Delivery Take Pictures to Add to Portfolio

 Doctor's Signature _____ Today's Date + Fifteen days in Lab = _____ Due Date by 5:00 pm _____ License Number
Does not include shipping (two days), weekends, or holidays.