

## CAD/CAM Screw-Retained w/o Conversion Sequential Prescription™





Restorative Doctor Practice	Name					
Address		State		Zip Code		
Phone Number Email Address		_ □ Call	l me t	o discuss		
Patient  Hybrid Titanium Hybrid Pekkton Titanium Premium Bar (Titanium Bar/Zirconia Crowns) Pekkton Premium Bar (Pekkton Bar/e.max Crowns)	Sex	☐ Op	al-Z S cator	GR Full Arch GR Full Arch Bar Overder of Locators	iture	
01 / Appointment						
Preliminary Impressions Please Include:						
<ul> <li>□ Preliminary Impression</li> <li>□ Impressions of the Opposing Dentition</li> <li>□ Impressions of Denture to be Replaced</li> </ul>		Prescription All Screws	1			
02 / Appointment						
☐ Bite Block Try-In Without Cylinders  Shade Selection Tooth		Gingiva				
Mould Selection Brand	_					
Doctor's Signature Today's Date		e days in Lab =	Due		by 5:00 pm	License Number
Doctor's Signature Today's Date	+ Sever	n days in Lab =	Due		by 5:00 pm	License Number
04 / Appointment						
☐ Place MU Abutment ☐ Verificat	ion Jig	Try-In	□ F	Final Impress		☐ Bite Block Try-In
Doctor's Signature Today's Date		n days in Lab =	Due	Date	by 5:00 pm	License Number
05 / Appointment						
☐ Preliminary Setup Try-In Without Bar						
Doctor's Signature Today's Date Does not include		days in Lab =	Due	Date holidays.	by 5:00 pm	License Number
06 / Appointment						
☐ Setup Over Bar Try-In						
Doctor's Signature Today's Date		n days in Lab	Due	Date	by 5:00 pm	License Number
07 / Appointment						
☐ Final Prosthesis Delivery						
Doctor's Signature Today's Date		days in Lab =	Due	Date holidays.	by 5:00 pm	License Number

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