

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





Restorative Doctor		Practice	Name				
Address				State	Zip Code		
Phone Number	Email	Address		☐ Call m	ne to discuss		
Patient Sex Hybrid Titanium Hybrid Pekkton Titanium Premium Bar (Titanium Bar/Zirconia Crowns) Pekkton Premium Bar (Pekkton Bar/e.max Crowns)			Sex	☐ Opal- ☐ Locat Numl ☐ RE Be	Z SR Full Arch Z SR Full Arch or Bar Overden oer of Locators ourke n-Release	iture	
	01/,	Appointment					
Preliminary Impressi Please Include:	ons						
☐ Preliminary Im ☐ Impressions of ☐ Impressions of	the Opp			scription Screws			
	02/	Appointment					
☐ Bite Block Try- Shade Selection	In Witho Tooth	ut Cylinders	_ Gin	giva			
Mould Selection	Brand		_ Mo + Three day	s in Lab = _		by 5:00 pm	
Doctor's Signature		Today's Date Does not include	e shipping (two		Oue Date s, or holidays.		License Number
Doctor's Signature		sitioning Setup Try- Today's Date Does not include	+ Five days		Due Date s, or holidays.	by 5:00 pm	License Number
	04/	Appointment					
☐ Place MU Abu	tment	☐ Verificati	on Jig Try-	·In [Final Impress		☐ Bite Block Try-In
Doctor's Signature		Today's Date Does not include			ue Date	by 5:00 pm	License Number
	05/	Appointment					
☐ Preliminary Se	tup Try-lı		I Five days	- مام ا من		by 5:00 pm	
Doctor's Signature		Today's Date Does not include	+ Five days		Oue Date s, or holidays.	_ ` `	License Number
	06/	Appointment					
☐ Setup Over Ba	r Try-In						
Doctor's Signature		Today's Date Does not include			ue Date	by 5:00 pm	License Number
	07 /	Appointment					
☐ Final Prosthes			Pictures to	Add to Po	rtfolio		
Doctor's Signature		Today's Date	Seven day:		Oue Date	by 5:00 pm	License Number