



PROUDLY DESIGNED AND MANUFACTURED IN THE USA

CAD/CAM Hybrid Bar Three-Step Sequential™ Prescription

PART I | PART II | PART III | PART IV

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

Screw-Retained Hybrid Denture Abutment Level

Ridge Design:

Touch-Ridge Off-Ridge _____ mm

PRE-SURGERY

Denture:	Immediate Denture:	Ship to:	Charge to:
<input type="checkbox"/> Upper	<input type="checkbox"/> Upper	<input type="checkbox"/> GP	<input type="checkbox"/> GP
<input type="checkbox"/> Lower	<input type="checkbox"/> Lower	<input type="checkbox"/> Surgeon	<input type="checkbox"/> Surgeon
<input type="checkbox"/> Both	<input type="checkbox"/> Both		

Shade _____ Open VDO

Mold _____ Yes _____ mm

Tissue Shade _____ No

Pre-Op Photo Series

<input type="checkbox"/> Clear Acrylic Duplicate	Ship to:	Charge to:
<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

Due Date _____

Surgery Date _____ **Surgery Time** _____