

ALL - ON - FOUR



For Lab Use

DENTAL PROSTHETICS, INC.

CREATING BRIGHTER SMILES SINCE 1969

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1-888-888-8862

Doctor _____

Patient _____

Age ____ Male Female

Prep Date _____

STEP (select one)

- Custom Tray + Verification Jig (3 working days)
- Bite Rim (3 working days)
- Set Up in Wax (5 working days)
- Bar (14 working days)
- Bar + Wax Try-in
- Process & Finish (7 working days)

Step Due Date _____

Implant System (select one):

- Nobel Biocare
- Zimmer
- Straumann
- Astra Tech
- Implant Direct
- Biomet 3i
- Camlog

Implant Diameter _____

Style of Implant _____

Interim Denture Acrylic Shade:

- Preference
- Light
- Dark

Teeth Shade _____

Mould No. _____

Instructions

Doctor's signature approves work requested on this lab slip and agrees that payment will be made in 30 days. Doctor further agrees to pay a 2% per month service charge on balances over 30 days and legal fees on collection, if necessary. This applies to past, present, and future balances.

Dr. Signature _____

License # _____