

ALL - ON - FOUR



EXCELLENCE IN SERVICE AND VALUE SINCE 1969

4545 E. Ft. Lowell Rd. • Tucson, AZ 85712

Phone: 520-722-4484 • Fax: 520-733-0865

www.dentalprostheticslab.com

Email: dentalpros@dentalprostheticsinc.com

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 # _____