

Today's Date: _____

Due Date: _____

Patient First Name: _____

Patient Last Name: _____

Patient Chart #: _____

Office Phone: _____

Placing Doctor: _____

Email: _____

Restoring Doctor: _____

Email: _____

Surgical (Required)

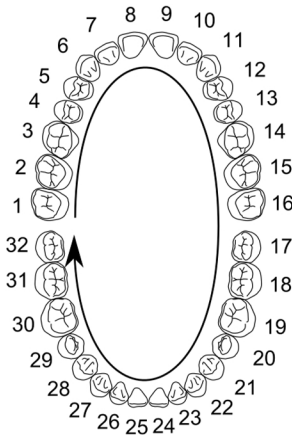
Implant Position: _____

Implant Platform: _____

Implant Line: _____

Fully-Guided Kit: _____

Record: ☐ Digital Impression ☐ PVS Impression



CT Scan (Required)

☐ Maxillary Patient CT Scan

☐ Mandibular Patient CT Scan

☐ Maxillary Appliance CT Scan

☐ Mandibular Appliance CT Scan

Always scan dentate patients with an open bite on cotton rolls. If Denture patient, ensure denture is fitting well no soft liner is present. Place a minimum of 6 scan markers on denture randomly. Dual Scan: 1st scan- Patient wearing denture, 2nd scan- Denture alone on cotton rolls or packing foam.

☐ USB

☐ CD

☐ Dan@PrudentialLab.com

Instructions

Signature: _____ License #: _____

By signing this prescription you agree to the following terms and conditions as described in our start up package. In the event your account becomes delinquent upon agreed net thirty (30) days, you are subject to any attorneys fees and collection cost in addition to applicable interest charges of one point five (1.5%) percent per month. All disputes shall be resolved by a court of competent jurisdiction in the State of California - County of Orange.