

Fixed base/Full Arch Hybrid RX



FULL ZIRCONIA OR PMMA

Date: _____

Doctor Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Email: _____

Phone: _____

Patient Name: _____

Sex: Male Female Age: _____

Please list the implant manufacturer, type & diameter (e.g., Astra Tech, EV 4.8, Nobel Active RP 4.3, Straumann BL 4.8, etc.) & tooth number.
Additional charges for more than 5 implants.

IMPLANT MFG.	TYPE & DIAMETER	TOOTH #

Doctor's Signature _____

License No. _____

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Hel Dental Laboratory 9-24. Prices subject to change without notice,

CASE INFORMATION

ARCH SELECTION *(Please use separate RX for each arch)*

- Maxilla
- Mandible

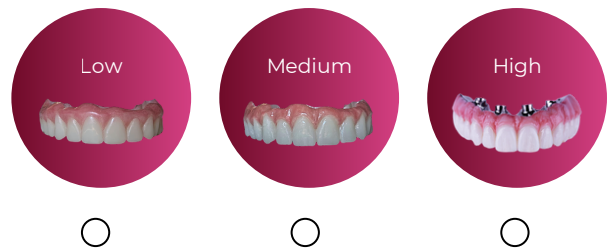
FINAL Fixed Hybrid TYPE

- Full Zirconia
- PMMA

PLEASE SEND ME THE FOLLOWING ITEM:

- Rapid Try-In (Appointment #1)
- Wax Try-In (Appointment #2) Shade: _____
- Additional Wax Try-In (Optional Appointment #2A)
- Provisional Denture (Appointment #3)
- Final Prosthesis (Delivery Appointment)

Please select correct characterization on chart below.



NOTES: