

# PROSTHETICS PACKAGE ORDER FORM

OFFICE ONLY Sales Rep:

Start Date	Type	Checked by	Final Date
. 2024	<input type="checkbox"/> Digital <input type="checkbox"/> Impression		
Invoice Date	Invoice No.	BULK PKG	QC checked by
. 2024		/	

CLINIC. \_\_\_\_\_

TOTAL PRICE. \$ \_\_\_\_\_

DENTIST. \_\_\_\_\_

By Credit Card

By Bank Transfer

## PATIENT INFORMATION

PT. NAME

POSITION

PT. D.O.B

U 18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28

PT. GENDER

Male

Female

L 48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

## JOB INFORMATION

### CLINIC PROVIDES

- Digital Scan
- Impression Taken
- CBCT Attached
- Marker Splint + Stone Model
- Marker Splint + 3D Model

### GUIDE SUPPORT

- On Teeth
- Anchor Screw
- Stackable Guide

### IUXTA SUBPERIOSTEAL IMPLANT

- Micro (1 Abutment)
- Micro (2 Abutment)
- Partial (3/4 Abutment)
- Full (5/6 Abutment)

### ABUTMENT SELECTION

- Multi-unit Abutment
- Custom Abutment

### TEMPORARY SELECTION

- Immediate fixed PMMA
- Delayed
- Denture Type
- Ti Base / Link Type

### FINAL MATERIAL

- A. Bar + Zirconia
- B. Full Zirconia
- C. Bar + PMMA
- D. Bar Overdenture
- E. Direct Overdenture

### SPECIAL INSTRUCTION

### PAYMENT PLAN:

\*50% of fees need to be paid within 7 days after the invoice. Remaining 50% will be required to pay before shipping the final restoration work.

SIGNATURE OF DENTIST \_\_\_\_\_

DATE \_\_\_\_\_