Full Arch Implant Restoration - Rx

3001 Keller Springs Road
Carrollton, TX 75006
214.691.5512
www.ydldental.com

RX DATE	DUE DATE

INFORMATION

Patient _____

General Dentist _____

Surgeon _____

Phone _____

Arch to Restore
☐ Max ☐ Man

YDL Assisted Conversion ☐ Y ☐ N

Surgical Procedure Billed To _____

Restorative Procedure Billed To _____

Implant Brand _____

DENTURES

☐ Upper ☐ Lower

☐ Immediate

☐ All-on-X Conversion Denture & Surgical Guide

CASE DESIGN

Teeth

Shade _____

☐ Vita (standard) ☐ Other _____
Special Order

Acrylic Shade

☐ Original ☐ Light

RX SPECIFIC INSTRUCTIONS

Final Prosthesis Will Be

☐ Bar/Acrylic
☐ Zirconia Bar
☐ Crystal Ultra
☐ Pekkton Bar w/Zirconia crowns
☐ Ti Bar/Crowns

Implant System _____

How Many Implants _____

Additional Notes: _____

_____ Dentist Signature (REQUIRED)

_____ Dentist License No.

COST OF COLLECTION OF ANY ACCOUNT WILL BE PAID BY THE CUSTOMER. ALL ACCOUNTS ARE PAYABLE WITHIN 30 DAYS OF STATEMENT DATE. ACCOUNTS NOT PAID WITHIN THE STATED TERMS WILL BE SUBJECT TO COD STATUS AND A LATE CHARGE OF 2% OF THE UNPAID BALANCE. PRICES SUBJECT TO CHANGE WITHOUT NOTICE. RX MUST BE ENCLOSED WITH ORIGINAL CASE SUBMISSION. YDL IS PLEASED TO PROCESS ALL REMAKES OR ADJUSTMENTS AT NO ADDITIONAL CHARGE IF REQUESTED WITHIN THE WARRANTY PERIOD AND ACCOMPANIED BY RETURN OF ORIGINAL APPLIANCE-FOR WARRANTY TERMS AND CONDITIONS AND LIMITATION OF LIABILITY PLEASE SEE REMAKE & WARRANTY POLICY-AVAILABLE UPON REQUEST. ALL RUSH CASES MUST BE PRESCHEDULED BY CALLING 214.691.5512 BEFORE THE CASE IS SHIPPED. TIME OF PICKUP AND DELIVERY MAY AFFECT TURNAROUND TIME.