A+pD

A+ Precision Dental Lab

Removable/Implants
Doctor/Office:

Doctor/Office:_______Patient Name:

Date: / / Due Date: / /

Pan # _____ Initials

Date In: _____

For Lab Use Only

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Mandeville, La. 704701

Phone: (985)400-5822

Tissue Shade _____ Removing #'s __

Tooth Shade Immediate

Restoration For Upper Lower Setup For Try In Straight To Process Process & Finish Reset Retry Reset Process

For Parts Ordering

Locator Abutment (Stock) Brand _____ Size ____ Cuff Ht. ____ How Many ____

Locator Housing W/Insert How Many______

Temporary Cylinder/Abutment

Brand_____ Size _____ How Many_____

Custom Milled Titanium Bar For Wrap Around Style All On 4 $\ \square$

Brand_____ How Many Sites_____

ERA Housing W/Insert How Many _____

Type______ Brand_____ Size_____ How Many ____ Consult

Miscellaneous

	Clear Acrylic Surgical Guide
_	AVS Stent (Jig) 🔲
	Clear Acrylic Bt. Guide 🔲
	Tissue Model 🔲
	Fiber Reinforcement 🔲
	Extra Final Screw 🗌
	Implant Restoration Study 🔲
	Models & Restorative
	Plan For Doctor Patient
	Consult

Restoration Type

Transfer Setup To Bar

Implant Denture W/ Locators 🔲			
Brand	How Many Sites		
All On 4	Implant Denture W/Bar 🗌		

Brand More Than 4_____

Fixed Full Zirconia Restoration

Brand_____ How Many Sites_____

Lab Processed Temp All On 4 On Cylinders

ERA Partial W/ Cast Frame

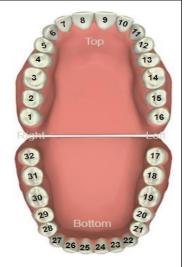
Immediate Denture for All On 4 Conversion

With Bt. Guide & Surgical Stent

Brand How Many Sites _____

Special Instructions

Lic. #



Doctors Signature