



All On X Rx

Today's Date _____ Surgery Date _____ Due Date _____ Time _____
Doctors Name _____ Office Name _____
Patient's Name First _____ Last _____
Patient's Age _____ Male _____ Female _____

Appointment Step

Maxillary Mandibular
Zirconia Hybrid
Implant Brand _____ Guided Kit _____
Shade _____ Tooth Mold _____

- Surgery
- Master Impressions
- Records
- Mounting
- Wax-Try in
- Final Delivery

Clinician Remarks:

Enclosed with case: Impressions Models Bite Photos Other: _____
Has the case been disinfected? Yes _____ No _____

DR SIGNATURE _____ License Number _____

The Buyer agrees to pay all reasonable legal fees and expenses incurred by the Seller as a result at actions taken to enforce this agreement. Buyer also agrees to pay a late charge of 1.5% per month on all past due balances.