



9152 Elkmont Way  
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Dr. \_\_\_\_\_

Practice Location \_\_\_\_\_ Phone \_\_\_\_\_

Patient \_\_\_\_\_  M  F Age \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **SURGERY DATE** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## CONVERSION RX

**TRADITIONAL**

Denture

Clear Duplicate

Surgical Guide

Tissue Support

Stackable / Bone Reduction

Chairside Conversion

Multi Unit Abutment

Temporary Cylinder

Covered Caps

Fixation Pins

**DIGITAL**

Denture

Clear Duplicate

Surgical Guide

Tissue Support

Stackable / Bone Reduction

Chairside Conversion

Photogrammetry

3D Printer

IOS

Multi Unit Abutment

Covered Caps

Fixation Pins

Rx

\_\_\_\_\_  
 Doctor's Signature License # \_\_\_\_\_

Invoice for work completed from this RX is payable within 30 days from completion

**Implant Location**

Maxilla Arch

Mandible Arch

Implant Brand : \_\_\_\_\_

Desired Shade : \_\_\_\_\_

**Final Prosthesis**

Hybrid Package

Hybrid Denture

Full Zirconia

Full Zirconia with Bar Subframe

**DELIVERY LOCATION**  
*(If location is different from practice)*

Address : \_\_\_\_\_

City : \_\_\_\_\_

Zip Code : \_\_\_\_\_



**Laguna Dental Arts**

*"A Trusted Partner Since 1989"*