



8821 Sheldon Rd., Suite 100
Elk Grove, CA 95624
Phone : (916) 688-1333
Fax : (916) 688-1368
Email : rx-photos@lagunadentalarts.com

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 : _____



"A Trusted Partner Since 1989"