



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

RX DATE	DUE DATE

Full Arch Implant Restoration - Rx

INFORMATION

This is my first case with YDL Dental

Patient _____

General Dentist _____

Surgeon _____

Phone _____

Surgical Procedure Billed To _____

Restorative Procedure Billed To _____

Implant Brand _____

Billed Package _____

Arch to Restore
 Max Man

YDL Assisted Conversion Y N

DENTURES

Upper Lower

Immediate/Not Converted

All-on-4 Conversion Denture & Surgical Guide

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.

CASE DESIGN

Teeth
 Shade _____

Vita (standard) Other _____
 Special Order

Acrylic Shade
 Icovap Preference (pink) or USD (Mehrry)

Original Light

RX SPECIFIC INSTRUCTIONS

Final Prosthesis Will Be

Bar/Acrylic Pekkton Bar/IPS e.max® Crowns

Zirconia Bar/6 Layer Crowns Ti Bar/Crowns

Trilor with Crystal Ultra

Implant System _____

How Many Implants _____

Additional Notes:

 Dentist Signature (REQUIRED)

 Dentist License No.