

Case Workorder Prescription: All on 4,5,6, Teeth Express®



B&R Dental Lab, LLC
Implant Center
4307 Center Gate
210-656-3889/ 888-239-3269

Office Use Only	
Date Received:	_____
Date Ready:	_____

TX. REG #2357

Implant System: _____	
Patient: _____	Restorative Doctor: _____
Surgeon: _____	Call Doctor: _____
Due Date	
Wax Try In _____	Surgery Date _____

PHASE I – Evaluation and Alginate Impression

Centric Jaw Relationship

- CBCT Scan _____
- Pictures _____
- Surgical Guide Yes or No

- Shade _____
- Male or Female _____

(Need 15 days for guided surgery call lab for Details)

CASE NOTES	
Vertical Dimension _____	Midline _____
Max Reduction _____	Mand Reduction _____

II. Surgery

III. Healing Phase 4- 6 months

IV. Fabrication of the definitive restoration

Dr. Signature: _____	License NO.: _____
Address: _____	Date: _____