



Rx: Try-In Please complete lab script in full to avoid delays.

PLEASE REFER TO THE SECOND APPOINTMENT TRY-IN SECTION OF OUR RESTORATIVE PROTOGOL FOR FIXED HYBRID PROSTHESIS FOR INSTRUCTIONS

MUST BE COMPLETED

Invoice case to Doctor (include address & phone):

Ship case to Doctor (include address & phone):

Today's Date

Oral Surgeon

Patient Name Male Female

Restorative Doctor

Select one or both: Upper arch Lower arch

Final Tooth Shade: _____

Adjustments:

OR

Proceed to Final:

	Correct	Incorrect	Instructions
<input type="checkbox"/> Cant	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Tooth shape	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Tooth shade	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Tooth size	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Midline	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> VDO	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> OB / OJ	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Remount with included bite			_____
<input type="checkbox"/> Do NOT remount			_____

- Zirconia hybrid
- Acrylic hybrid and bar
- Other: (must be approved by lab)

Implant System: _____

Instructions: _____

Items sent back to lab:

- Bite registration
- Opposing stone model
- Upper master model (must be returned)
- Upper try-in (must be returned)
- Lower master model (must be returned)
- Lower try-in (must be returned)
- Digital scans - emailed to:
archworksdigital@gmail.com
- Photos - Enter date emailed to:
info@archworksdentallab.com _____

Night Guard:

- Archworks Dental Laboratory
- Doctor will make night guard elsewhere

Doctor Signature: (required)

License Number: (required)

- Next appointment NOT scheduled.
Lab will contact with return date.
- Date of next appointment: _____
Appointment must be confirmed with lab.

Lab Registration Number 3477