



# Rx: Preliminary Appointment

Surgery date must first be confirmed with Archworks Dental Laboratory.

Please complete lab script in full to avoid delays.

PLEASE REFER TO OUR PRELIMINARY IMPRESSION PROTOCOL SHEET FOR INSTRUCTIONS

Today's Date \_\_\_\_\_

Oral Surgeon \_\_\_\_\_

Patient Name  Male  Female

Restorative Doctor \_\_\_\_\_

**Items sent back to lab:**

- Bite registration
- Opposing stone model
- Upper impression
- Lower impression
- Photos

Phone \_\_\_\_\_

Address \_\_\_\_\_

Enter date emailed to [info@archworksdentallab.com](mailto:info@archworksdentallab.com)

City	State	ZIP
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**Type of Records:**

- Stone models / impressions
- Digital scans
- Directly accept files through 3Shape
- Digital STL files from other scanning systems  
can be emailed to [archworksdigital@gmail.com](mailto:archworksdigital@gmail.com)

**Select one or both:**

- Upper arch
- Lower arch

Tooth Shade: \_\_\_\_\_

Instructions: \_\_\_\_\_

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Doctor Signature: (required) \_\_\_\_\_

License Number: (required) \_\_\_\_\_

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**Date of Surgery:**

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