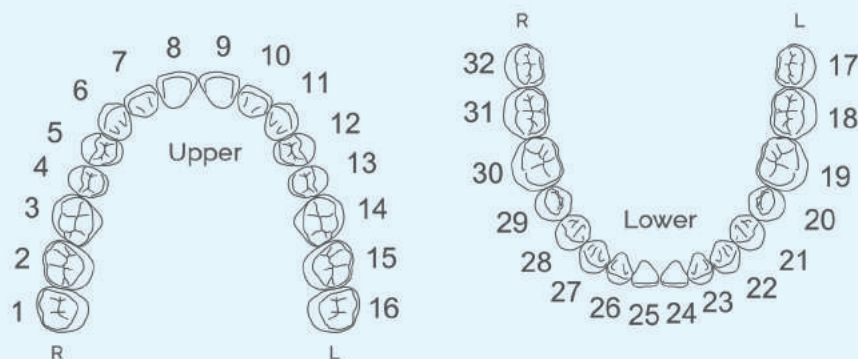


## DOCTOR NOTES

- ☐ Bite
- ☐ Custom Tray
- ☐ Set-up
- ☐ Finish
  - ☐ Rugae
  - ☐ Stipple



Doctor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ ☐ Male ☐ Female

Today's Date \_\_\_\_\_ Due Date \_\_\_\_\_ by 4.00 pm

## ALL-ON-FOUR HYBRID

- ☐ Pekkton®
- ☐ Trinnia

## MEASUREMENT DATA

- ☐ Papillameter \_\_\_\_\_
- ☐ Alameter \_\_\_\_\_
- ☐ Alma Gauge \_\_\_\_\_
  - ☐ X Reading (vertical) \_\_\_\_\_
  - ☐ Y Reading (horizontal) \_\_\_\_\_

## TEETH

- ☐ Zirconia
- ☐ e.max
- ☐ GC Cerasmart

## IMPLANTS

Implant Manufacturer \_\_\_\_\_

Implant Size \_\_\_\_\_

Signature \_\_\_\_\_

License # \_\_\_\_\_