



Lubna Samman

Mobile Implant Lab

Tel. 778-882-3332

Email: lubnasamman@gmail.com

Rx Date _____ Due Date _____

Doctor _____ Phone _____

Address _____

Pt. Name _____ Age _____ Sex _____

Upper

Lower

Shade

Surgical planning/guide Nobel Clinician Simplant Fully guided pilot guide

All on X conversion Pkg (Immediate denture, surgical stent, bite jig) Req in office Conversion service

Final Prosthesis

Implant Manufacturer: Brand _____ Type _____ Quantity _____

Rx _____

Doctor's Signature: _____