Lubna Samman Mobile Implant Lab
lubna@mobileimplantlab.ca Tel. 778-322-5556
www.mobileimplantlab.ca

℞ Date _____ Due Date _____

Dr._____Tel._____

Address_____

Pt. Name_____ ◯M ◯F Age_____

◯ Upper
◯ Lower

Shade:

◯ Surgical Planning/Guide: ◯ Pilot Guide ◯ Fully Guided

◯ All on X Conversion Pkg. ◯ Req in-Office Conversion Service
(Imm denture, surgical stent, bite jig)

◯ Final Prosthesis: ◯ Fixed ◯ Removable

Implant's Brand_____Type_____Qty._____

℞ _____

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Doctor's Signature:_____