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Full Arch Implant Restoration - Rx

RX DATE	DUE DATE

INFORMATION

This is my first case with YDL Concert

Patient _____

General Dentist _____

Surgeon _____

Phone _____

Surgical Procedure Billed To _____

Restorative Procedure Billed To _____

Implant Brand _____

Billed Package _____

Arch to Restore
 Max Man
YDL Assisted Conversion Y N

DENTURES

Upper Lower
 Immediate/Not Converted
 All-on-4 Conversion Denture & Surgical Guide

OTHER

Nightguards/Splints
 Upper Lower

CASE DESIGN

Teeth
 Shade _____
 Vita (standard) Other _____
 Special Order

Acrylic Shade
 Icovap Preference (pink) or USD (Mehrry)
 Original Light

RX SPECIFIC INSTRUCTIONS

Final Prosthesis Will Be
 Bar/Acrylic Pekkton Bar/IPS e.max® Crowns
 Zirconia Bar/6 Layer Crowns Ti Bar/Crowns

Implant System _____

How Many Implants _____

Dentist Signature (REQUIRED) Dentist License No.