



1915 N. Division Spokane, WA 99207
PHONE: 509-828-2770

Global Full Arch Lab Rx

Restorative Dr: _____ Office: _____

Surgeon: _____ Office: _____

Patient Name: _____ DOB: _____

Bill to:

Surgeon Restorative

Deliver case to:

Surgeon Restorative

Restoring:

Upper Lower

Final Restoration:

Traditional Zirconia *

*Upgrade to zirconia for additional \$1,100 charge. Bill to _____

Case Due Date	Time:
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Surgery Date:	Time:
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Special Instructions:

Dentist/Surgeon Signature

Washington State License Number