



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

Final Restoration Lab Rx

Restorative Dr: _____ Office: _____

Patient Name: _____ DOB: _____

Case Due Date: _____ Time: _____

Final Restoration after All-On-X:

Traditional Hybrid Upper Lower

Zirconia* Upper Lower

*Bill to: _____

Special Instructions:

Dentist Signature

Washington State License Number