

# All-on-T & T:LOC Order Form



## Information

Lab Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address/E-mail: \_\_\_\_\_ / \_\_\_\_\_

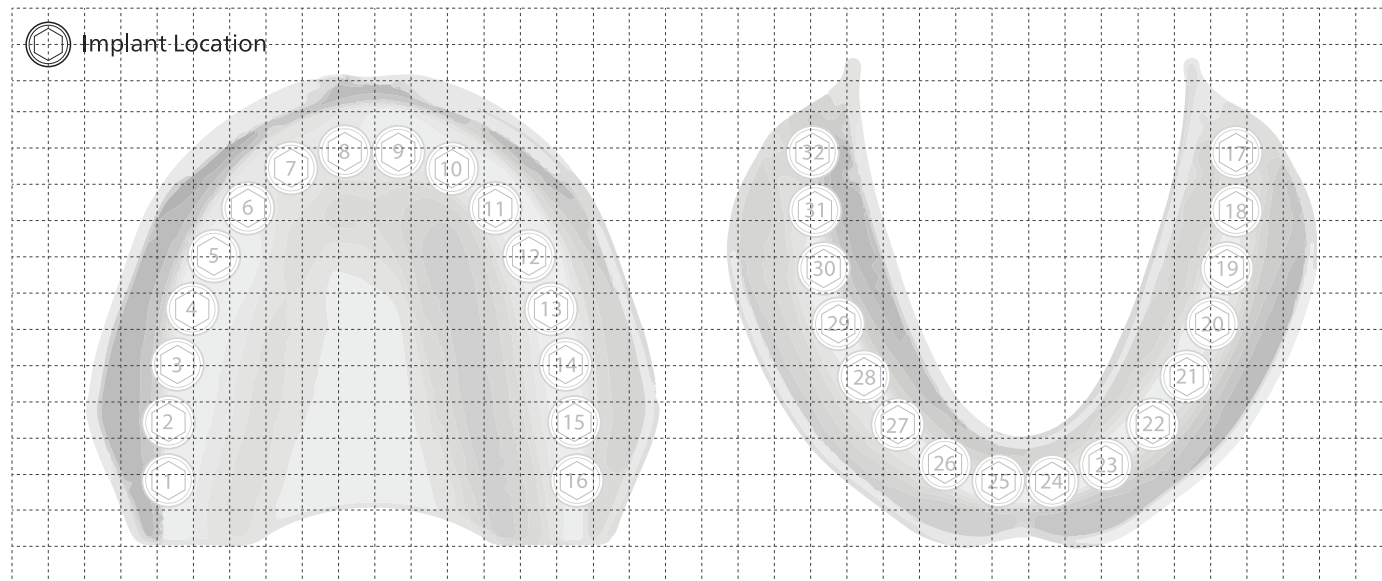
Patient Name/Ref#: \_\_\_\_\_ / \_\_\_\_\_

Attachment Type (Please Circle One): **All-on-T** / **T:LOC** Due date: \_\_\_\_\_

Tooth Number(UNN)	Implant System(ex: Nobel, Zimmer, Straumann)	Implant Platform Ø(ex: Np, 4.5, RC)

## Attachment Location

Please indicate where you want your attachments to be (either All-on-T or T:Loc attachment) in reference to the implants.  
We will design as closely as possible according to this order form then run a design confirmation.



## Additional Notes

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*I verify that a signed prescription from a licensed dentist is on file for the restoration.