



SUBPERIOSTEAL PRESCRIPTION

Date: _____

DOCTOR: _____ PHONE: _____

ADDRESS: _____

PATIENT: _____ E-MAIL ADDRESS: _____

SUBPERIOSTEAL IMPLANT FRAMEWORK:

- maxillary, mandibular, complete, circumferential, unilateral, Bistrin (threaded abutment posts)

- Follow design on model, Design framework for doctor approval, Four O-ring post attachments, Provide acrylic rim with O-rings inside, Provide provisional denture, Adapt denture, Provide provisional crowns, Mesiostructure, Superstructure, Abutment heads at tooth #'s, Provide retention screw, Tissue depth, HA Coat*, See other side for special instructions.

Surgery date: _____

DUTTON DENTAL CONCEPTS, INC. warrants that reasonable care and consideration were used in the design and selection of materials for this custom subperiosteal implant.

I hereby accept the limited warranty on this custom subperiosteal and verify that I will adequately inform the patient of any possible inherent risks prior to the use of this custom subperiosteal.

Doctor's signature: _____ License #: _____ Date: _____



