

# CHAIRSIDE APPOINTMENTS

- Conversion                       Temporary Hybrid                       Triple Jig  
 Next Day Conversion               Final Hybrid                               Other \_\_\_\_\_

## CONTACTS:

DOCTOR NAME \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
SURGEON NAME \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
PATIENT NAME \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
IMPLANT REP \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
DENTAL PRACTICE IMPLANT COORDINATOR \_\_\_\_\_ PHONE \_\_\_\_\_

## SURGERY LOCATION:

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ DATE OF SURGERY \_\_\_\_\_ TIME OF SURGERY \_\_\_\_\_ CONFIRMED WITH? \_\_\_\_\_  
CHAIRSIDE LOCATION SAME AS SURGERY?                      REQUESTED ARRIVAL TIME OF FDL REP \_\_\_\_\_  
 YES     NO, ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

## IMPLANT SYSTEM:

- ZIMMER BIOMET     STRAUMANN     NOBEL BIOCARE     HI'OSSEN     CAMLOG     BIOHORIZONS  
 DENTSPLY SIRONA     IMPLANT DIRECT     OTHER \_\_\_\_\_

## IMPRESSION:

**PARTS:** WHO IS PROVIDING PARTS?     DOCTOR     FDL

IMPLANT-LEVEL     ABUTMENT-LEVEL              DATE ORDERED \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ PRICE \_\_\_\_\_

**FDL PARTS USED:** \_\_\_\_\_

## NOTES:



**FIXED LAB**  
8510 Philadelphia Road  
Rosedale, Maryland 21237  
**Phone:** (410) 780-7700

**REMOVABLE LAB**  
6826 Eastern Avenue  
Baltimore, Maryland 21224  
**Phone:** (443) 503-5301

**Email:** vicki@friendshipdentallab.com  
**Fax:** (443) 772-7701

