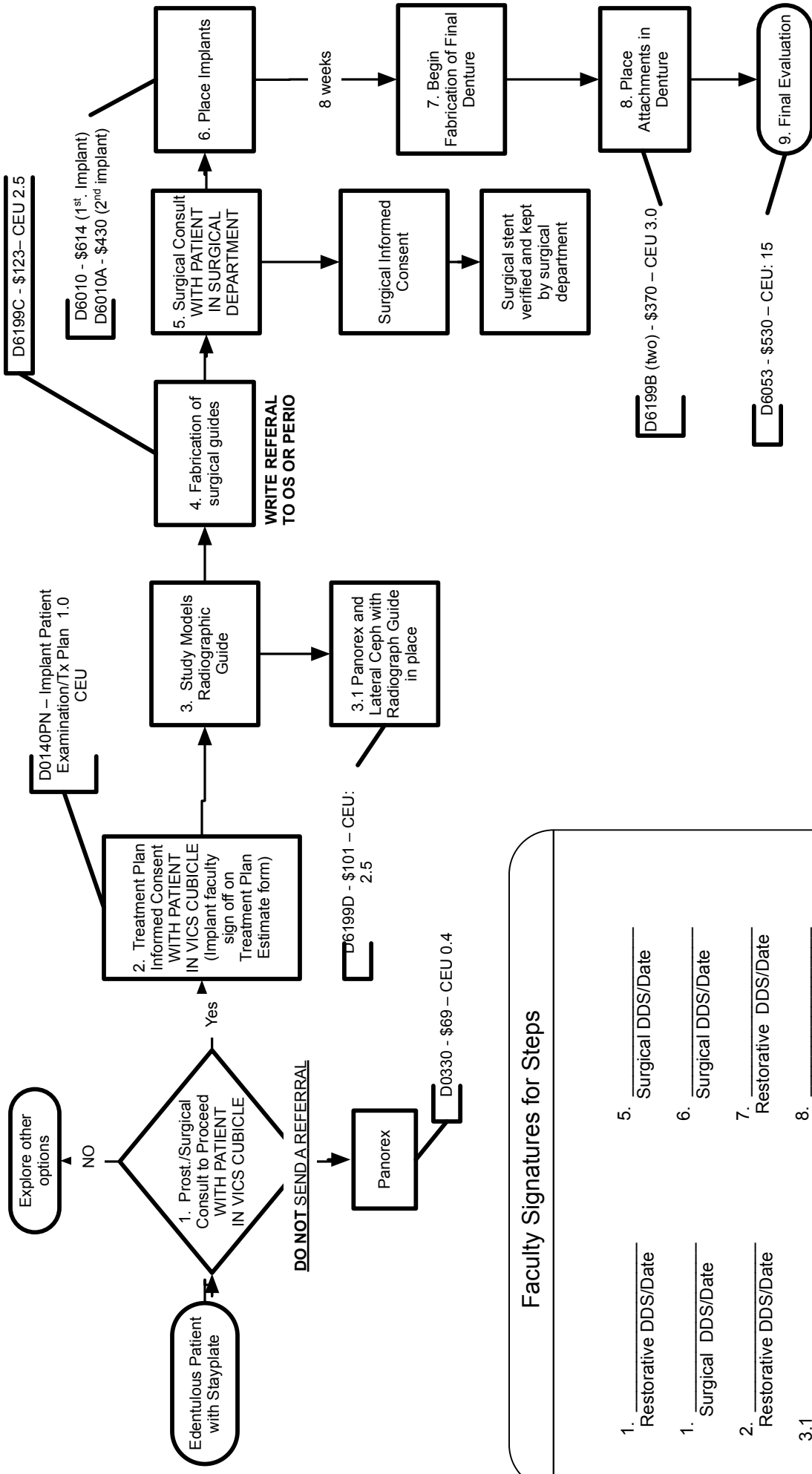


Implant Retained Lower Overdenture Worksheet

2011-12 Fees



Faculty Signatures for Steps

1. Restorative DDS/Date	5. Surgical DDS/Date
1. Surgical DDS/Date	6. Surgical DDS/Date
2. Restorative DDS/Date	7. Restorative DDS/Date
3.1 Restoravie DDS/Date	8. Restorative DDS/Date
3.1 Surgical DDS/Date	9. Restorative DDS/Date
4. Restorative DDS/Date	

Student (s) Name(s): _____

Patient Name: _____ Record # _____