

# HTD

**Hi-Tech Dental Lab**  
1811 Bering Drive, Suite 350  
Houston, TX 77057  
Tel: (713) 977-4594

www.hitechdentallabhouston.com TX reg 2456



## PRESCRIPTION

### IMPORTANT CHECK LIST

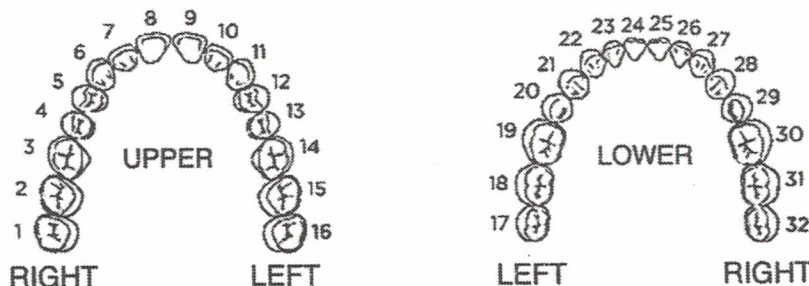
- ☐ DUE DATE ☐ TIME  
☐ BITE REGISTRATIN  
☐ OPPOSING MODEL  
☐ SHADE  
CASE DISINFECTED ☐ YES ☐ NO



DOCTOR NAME \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ ☐ MALE ☐ FEMALE

DUE DATE TRY IN \_\_\_\_\_ FINISH \_\_\_\_\_ AGE \_\_\_\_\_



SHADE NO. \_\_\_\_\_

### FULL CAST

- ☐ High Noble ☐ Noble Yellow ☐ Noble White ☐ Predomiatty Base

### CERAMICS

- ☐ High Noble ☐ Noble ☐ Predomiatty Base

### SHADING INSTRUCTIONS

#### PONTICS



SIGNATURE \_\_\_\_\_

SHADE NO. \_\_\_\_\_

DATE \_\_\_\_\_ LICENCE NO. \_\_\_\_\_

CASE # \_\_\_\_\_ PAN # \_\_\_\_\_

#### SEND MORE

- ☐ RX's  
☐ Labels  
☐ Boxes

Net amount of invoices is due with 30 days of receipt of order: all balances beyond 30 days are subject to a finance charge of 1.5% I agree to pay reasonable attorneys fees and collection coast if this account is referred for collection.

WHITE COPY FOR LAB

YELLOW COPY FOR DOCTOR