

HTD

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



[www.hitechdentallabhoustion.com](http://www.hitechdentallabhoustion.com) TX reg 2456

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

PATIENT NAME \_\_\_\_\_  MALE

DUE DATE TRY IN FINISH AGE

The diagram illustrates the upper and lower dental arches. The upper arch (left) shows teeth numbered 1 through 16, with the label 'UPPER' below it. The lower arch (right) shows teeth numbered 17 through 32, with the label 'LOWER' below it. The teeth are arranged in a curved arch, with the first molar on the right and the second molar on the left. The labels 'RIGHT' and 'LEFT' are placed below the corresponding arches.

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

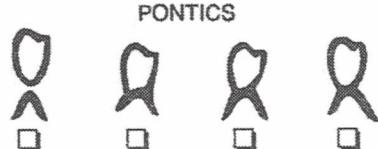
## FULL CAST

High Noble  Noble Yellow  Noble White  Predomiatiy Base

## CERAMICS

High Noble       Noble       Predomiayt Base

#### SHADING INSTRUCTIONS



## PONTICS

SIGNATURE \_\_\_\_\_

## PRESCRIPTION

## IMPORTANT CHECK LIST

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

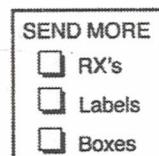


Handwriting practice lines for the word 'Dad'.

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

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

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



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 costs if this account is referred for collection.

WHITE COPY FOR LAB

YELLOW COPY FOR DOCTOR