

HTD

Hi-Tech Dental Lab
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Houston, TX 77027
Tel: (713) 977-4594

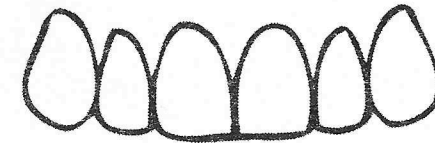
www.hitechdentallabhouston.com TX reg 2456



PRESCRIPTION

IMPORTANT CHECK LIST

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

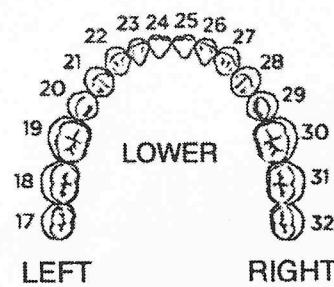
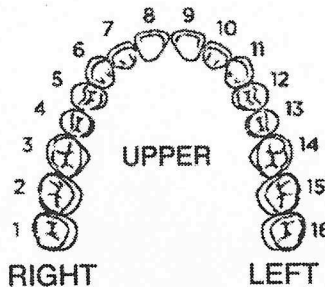


DOCTOR NAME _____

PATIENT NAME _____ ☐ MALE

☐ FEMALE

DUE DATE TRY IN _____ FINISH _____ AGE _____



SHADE NO. _____

FULL CAST

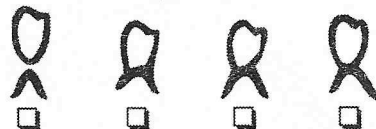
- ☐ High Noble ☐ Noble Yellow ☐ Noble White ☐ Predomiatty Base

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