

HTD

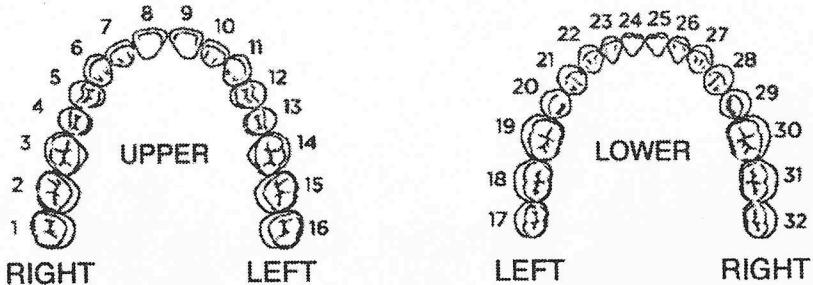
**Hi-Tech Dental Lab**  
**50 Briar Hollow Ln. # 110W**  
**Houston, TX 77027**  
**Tel: (713) 977-4594**  
[www.hitechdentallabhouston.com](http://www.hitechdentallabhouston.com)



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

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

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



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

## FULL CAST

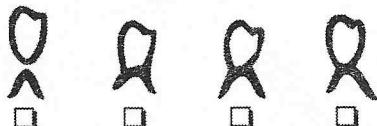
High Noble  Noble Yellow  Noble White  Predomiaty Base

## CERAMICS

High Noble       Noble       Predomiayt Base

#### SHADING INSTRUCTIONS

## PONTICS

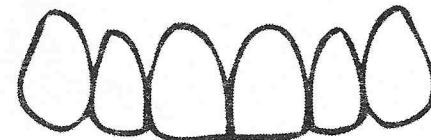


**SIGNATURE** \_\_\_\_\_

## **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 #

**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 costs if this account is referred for collection.

WHITE COPY FOR LAB

YELLOW COPY FOR DOCTOR