

Dr. _____
 Address _____
 City _____ State _____ Zip _____
 Patient's Name _____
 Due Date _____
 Phone# _____ M _____ F _____ Age _____

CROWN & BRIDGE

CROWN TYPE

- PFM FGC
 E.max Composite
 Zirconia Temporary
 Full-zir Diagnostic Wax-up

PFM METAL TYPE

- Yellow High Noble
 White High Noble
 Semi-precious
 Non-precious

IF INSUFFICIENT ROOM

- Trim Opposing
 Metal Occlusal
 Reduction Coping
 Metal Island

OCCUSAL CLEARANCE

- Tight Light Open

PROXIMAL CONTACT

- Light Medium Heavy
 Broad Point

RETURN FOR

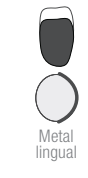
- Die Trim Metal Try-in
 Bisque Finish

OCCUSAL STAINING

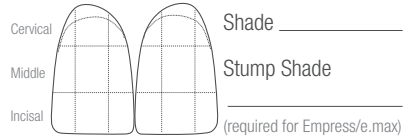
- None Medium
 Light Dark

MARGIN DESIGN

Please circle your choice(s) of margin combination.



SHADE & CHARACTERIZATIONS



* Standard design if an option is not selected.

PONTIC DESIGN



ENCLOSED

- Impression
 Bite
 Study Model
 Articulator
 Opposing
 Partial
 Old Crown

Implant Part :

- Analog
 Abutment
 Screw
 Impression Coping

Photos :

- None
 Prints
 CD-ROM
 E-mail

NOTE



Dental Laboratory Inc.

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www.hipointdental.com | info@hipointdental.com
tel: 888.880.6088, 847.577.5200 | fax: 847.577.5201

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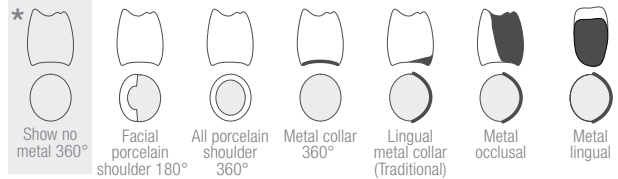
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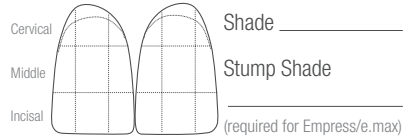
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NOTE

Signature _____ Date of _____ Dentist's License # _____