Hi-point
Dental Laboratory Inc.
5104 Tollview Dr. Rolling Meadows, IL 60008
www.hipointdental.com | info@hipointdental.com
tel: 888.880.6088, 847.577.5200 | fax: 847.577.5201

Case Pan No.
Dr.
Address
City State Zip
Patient's Name
Due Date
Phone# M F Age

REMOVABLE

PARTIAL DENTURE
- Upper Lower
- Design Only
- Try-in
- Finish
- Cast Partial Denture
- Flexible Denture
- Flipper with Wire Clasp
- Cusil Denture
- Wroght Wire Clasp Denture
- Conventional Processing
- Ivo-cap Processing
- Premium Teeth
- Regular Teeth

Major Connector _____
Clasp Type _____

Flexible Clasp
Clear Pink

Replace Tooth
_____
Whole Missed Area

Tooth Color Clasp
Shade _____

SHADE Tooth _____
Tissue _____

DENTURE
- Upper Lower
- Try-in Finish
- Full Denture
- Immediate Denture
- Hybrid Denture
- Conventional Processing
- Ivo-cap Processing
- Premium Teeth
- Regular Teeth
- Metal Substructure
- Occlusal Rim

SHADE Tooth _____
Tissue _____

SURGICAL STENT
- Upper Lower
- Vacuum Form
- Processed Acrylic
- Essix
- Clear Teeth
- Barium (30%) Teeth
- Clear Base
- Barium (10%) Base

Drilled Tooth
_____

W/ Metal Sleeve Tooth
_____

W/ Gutta Percha Tooth
_____

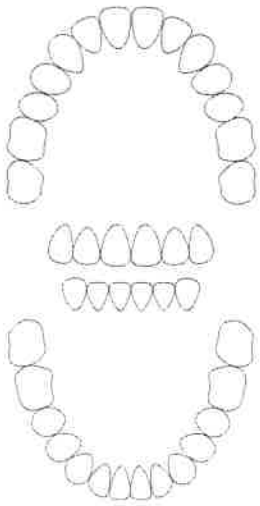
NIGHT GUARD
- Upper Lower
- Soft/Hard Type
- Hard Type
- Hard Type_Processed Acrylic

REPAIR
- Upper Lower
- Fracture/Crack
- Add Teeth
- Welding
- Add Clasp (wire/cast/flexible)
- Add Reinforcement
- Reline (hard/soft)
- Rebase

ENCLOSED
- Impression
- Bite
- Study Model
- Articulator
- Opposing
- Partials/Denture
- Impression Coping
- Implant Part :

Photos :
None Prints
CD-ROM E-mail

NOTE



Signature Date of Dentist's License #

Hi-point
Dental Laboratory Inc.
5104 Tollview Dr. Rolling Meadows, IL 60008
www.hipointdental.com | info@hipointdental.com
tel: 888.880.6088, 847.577.5200 | fax: 847.577.5201

Case Pan No.
Dr.
Address
City State Zip
Patient's Name
Due Date
Phone# M F Age

REMOVABLE

PARTIAL DENTURE
- Upper Lower
- Design Only
- Try-in
- Finish
- Cast Partial Denture
- Flexible Denture
- Flipper with Wire Clasp
- Cusil Denture
- Wroght Wire Clasp Denture
- Conventional Processing
- Ivo-cap Processing
- Premium Teeth
- Regular Teeth

Major Connector _____
Clasp Type _____

Flexible Clasp
Clear Pink

Replace Tooth
_____
Whole Missed Area

Tooth Color Clasp
Shade _____

SHADE Tooth _____
Tissue _____

DENTURE
- Upper Lower
- Try-in Finish
- Full Denture
- Immediate Denture
- Hybrid Denture
- Conventional Processing
- Ivo-cap Processing
- Premium Teeth
- Regular Teeth
- Metal Substructure
- Occlusal Rim

SHADE Tooth _____
Tissue _____

SURGICAL STENT
- Upper Lower
- Vacuum Form
- Processed Acrylic
- Essix
- Clear Teeth
- Barium (30%) Teeth
- Clear Base
- Barium (10%) Base

Drilled Tooth
_____

W/ Metal Sleeve Tooth
_____

W/ Gutta Percha Tooth
_____

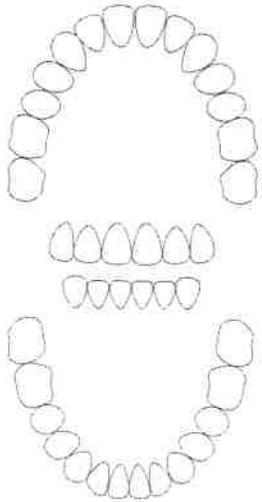
NIGHT GUARD
- Upper Lower
- Soft/Hard Type
- Hard Type
- Hard Type_Processed Acrylic

REPAIR
- Upper Lower
- Fracture/Crack
- Add Teeth
- Welding
- Add Clasp (wire/cast/flexible)
- Add Reinforcement
- Reline (hard/soft)
- Rebase

ENCLOSED
- Impression
- Bite
- Study Model
- Articulator
- Opposing
- Partials/Denture
- Impression Coping
- Implant Part :

Photos :
None Prints
CD-ROM E-mail

NOTE



Signature Date of Dentist's License #