



Dental Laboratory Inc.

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Dr. _____

Address _____

City _____ State _____ Zip _____

Patient's Name _____

by 5pm / Due Date _____

Phone# _____ M _____ F _____ Age _____

CROWN & BRIDGE

- PFM Composite
- E.max Temporary
- FGC Diagnostic Wax-up
- Full Contour Zirconia (Monolithic)
- Layered Zirconia

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

IF INSUFFICIENT ROOM

- Trim Opposing
- Metal Occlusal
- Reduction Coping
- Metal Island

OCCUSAL CLEARANCE

- Tight Even Light Open

PROXIMAL CONTACT

- Light Medium Heavy
- Broad Point

RETURN FOR

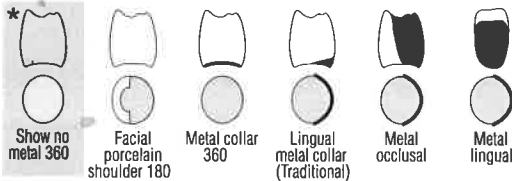
- Die Trim Metal Try-in
- Bisque Finish

OCCUSAL STAINING

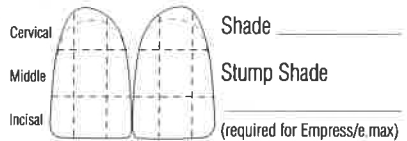
- None Medium
- Light Dark

MARGIN DESIGN

Please circle your choice(s) of margin combination.



SHADE & CHARACTERIZATIONS



* Standard design if an option is not selected.

PONTIC DESIGN



NOTE

- Impression
- Bite
- Study Model
- Articulator
- Opposing
- Partials
- Old Crown

Implant Part :

- Analog
- Abutment
- Screw
- Impression Coping

Photos :

- None
- Prints
- CD-ROM
- E-mail

Signature _____

Date of _____

Dentist's License # _____