



Dental Laboratory Inc.

4902 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 _____

by 5pm / 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

Wrought 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 _____

SHADETooth _____

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

SHADETooth _____

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

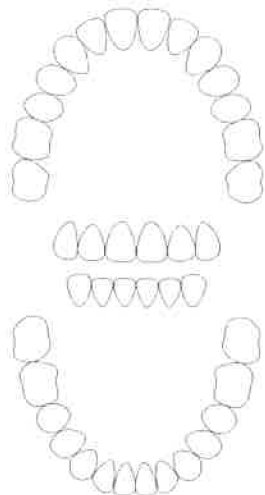
Implant Part : _____

Photos :

None Prints

CD-ROM E-mail

NOTE



Signature _____

Date of _____

Dentist's License # _____