

DATE WANTED: _____ PATIENT'S NAME: _____



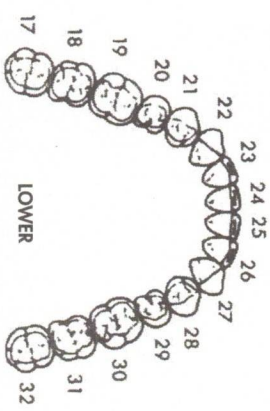
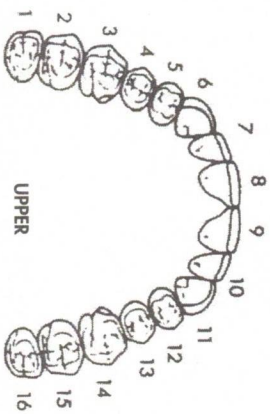
4620 Sunbelt Dr., Ste 203 - Addison, Texas 75001
Phone: 214-559-2292
www.hdlaboratory.com - Texas Registration #3065

Appointment Time _____

Doctor _____

Address _____

City _____ State _____ Zip _____



E.MAX

- IPS E-max
- Stump Shade _____

PORCELAIN TO METAL

- Non-Precious
- Semi-Precious
- High Noble

ZIRCONIA

- Full Contour Zirconia
- Layered Zirconia

PORCELAIN BUTT MARGIN

- Buccal 360°

FULL CAST

- Non-Precious
- White Gold (Noble)
- Yellow Gold Economy (Noble)
- Yellow Gold (Noble)
- Yellow Gold (High Noble)

METAL DESIGN

- Metal Lingual Collar
- 360° Metal Collar
- Metal Occlusal
- Metal Lingual (Anterior Only)
- Cingulum Rest
- Occlusal Rest
- No Metal Showing

PONTIC DESIGN

- Full Ridge
- Part Ridge
- No Ridge
- High Water
- Ovate

SHADE

Instructions: _____



- Crown & Bridge emails to: veronicag@hdlaboratory.com

CUSTOM ABUTMENT MATERIAL

- Titanium Zirconia

IMPLANT CROWN PREFERENCE

- Screw Retained
- Cementable

ABUTMENT POSITIONING TEMPLATE

- Yes No

EMERGENCE WIDTH OPTIONS

- Full anatomical dimensions
- Contour Soft Tissue (default if no selection is made)
- Support Tissue
- No Tissue Displacement
- Marginal depth: _____ mm subgingival

ADDITIONAL SERVICES

Must be scheduled in advance.

- Acrylic Repair Solder Repair
- Hard Reline Add Clasp
- Soft Reline Replace Tooth
- Rebase

*Must call by 9 a.m. for same day Reline/Repair.

*Some day not available in some areas. Some day not available on Fridays. Rebases not available same day.

SHADE

TRY IN _____

FINISH _____

Please allow 10 full working days for wax try only.
Please allow 10 full working days to process and finish.
Please allow 10 full working days for frame/Flexible Partial.
*not including day of pickup

- Wax Rim

- Custom Tray

FULL DENTURE

- Economy
- Standard
- Premium

PARTIALS, METAL, FLEXIBLE

- Metal Framework
- Flexible Partial

FLIPPER

- 1-3 Teeth
- Essix

NIGHTGUARDS

- Thermoplastic
- Hard Acrylic
- Hard / Soft

- Removable Emails to: shontal@hdlaboratory.com

ACRYLIC PARTIALS

- 4-6 Teeth
- 7-9 Teeth
- 10-12 Teeth

IMPLANT HYBRID

- All-On-4
- 4 Fixtures
- 6 Fixtures
- *call for more info

SPECIFIC INSTRUCTIONS

Signature _____
Date _____ License No. _____

