HTD

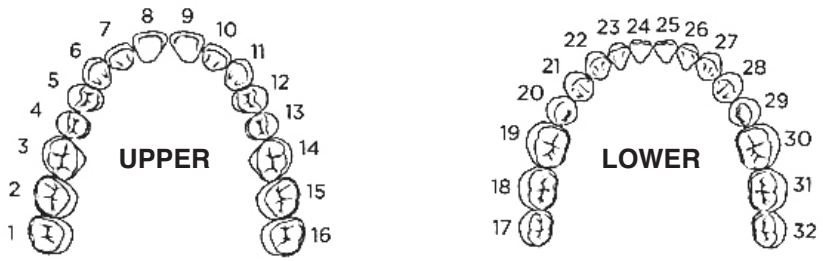
Hi-Tech Dental Lab
2425 West Loop South,
Suite 370 Houston, TX 77027
Tel: (713)977-4594
www.hitechdentallabhouston.com

TX reg 2456

DOCTOR NAME _____

PATIENT NAME _____ ❑ MALE ❑ FEMALE

DUE DATE TRY IN _____ FINISH _____ AGE _____



RIGHT LEFT LEFT RIGHT

SHADE NO. _____

FULL CAST

❑ High Noble ❑ Noble Yellow ❑ Noble White ❑ Predomianty Base

CERAMICS

❑ High Noble ❑ Noble ❑ Predomianty Base

PONITIC DESIGN

PONTICS

❑ ❑ ❑ ❑

SIGNATURE _____

PRESCRIPTION

IMPORTANT CHECK LIST

❑ DUE DATE ❑ TIME
❑ BITE REGISTRATIN
❑ OPPOSING MODEL
❑ SHADE
CASE DISINFECTED ❑ YES ❑ NO

_____
_____
_____
_____
_____
_____
_____
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_____
_____
_____
_____

SHADE NO. _____

DATE _____ LICENCE NO. _____

CASE # _____ PAN # _____

SEND MORE
❑ RX's
❑ Labels
❑ Boxes

Net amount of invoices is due with 30 days of receipt of order: all balances beyond 30 days are subject to a finance charge of 1.5% I agree to pay reasonable attorneys fees and collection coast if this account is referred for *collection.*

WHITE COPY FOR LAB YELLOW COPY FOR DOCTOR