

Address: 1445 Koll Cir. Suite:112 San Jose Ca 95112 Tel:(669)284 - 8155
Email: info@hopedentallab.com Website:www.hopedentallab.com

Doctor Name: _____ Patient's Name: _____
Address: _____ Patient's Gender: _____ Patient Age: _____
City, State, Zip: _____ RxDate: _____
Main Phone: _____ Fax: _____ Due Date(5PM) _____

Redo/Repair New Case

If Redo/Repair:
Old unit enclosed:
Yes No
Old model/Impression enclosed:
Yes No

FIXED

- PRM
- Layered Zirconia
- Bruxism Full Solid Zirconia
- Emax Crow/Bridge

Occlusal Contact:

- Full Contact
- Light Contact
- Out of Occlusion [default]

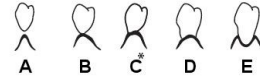
Interproximal Contact:

- Heavy Light
- Medium [default]

Metal Design:



Pontic Design:



REMOVABLE

Product Selections:

- Full Dentures
- Cast Partials:
- Acrylic/Immediates:
- Flexible

Stage Selections:

- Base Plate+Bite Block
- Framework Try-In
 - Bite Block [default]
 - No Bite Block
- Teeth Setup on Base Plate
- Teeth Setup on Framework
- Acrylic Processing

Removable Extras:

- Reline
 - Hard Soft
- Repair
- Custom Tray
- Sports Guard
- Night Guard
 - Hard
 - Soft
 - Hard/Soft Lining
 - Talon
- Bleaching Tray
- Hawley Retainer
- Space Maintainer
- Essix Retainer

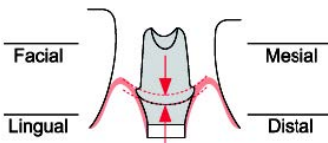
Gum Shade:

- Light Pink
- Standard Pink[def]
- Mid Dark Dark

Screw Retained Implant Restorations:

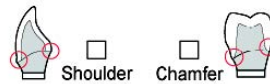
- Titanium Custom Abutment
- Zirconia Custom Abutment
- Hybrid Custom Abutment

DEPTH OF ABUTMENT MARGIN

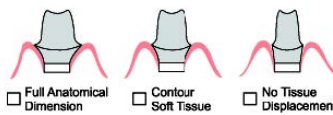


If left blank, default values will be used

ABUTMENT MARGIN DESIGN



ABUTMENT EMERGENCE PROFILE

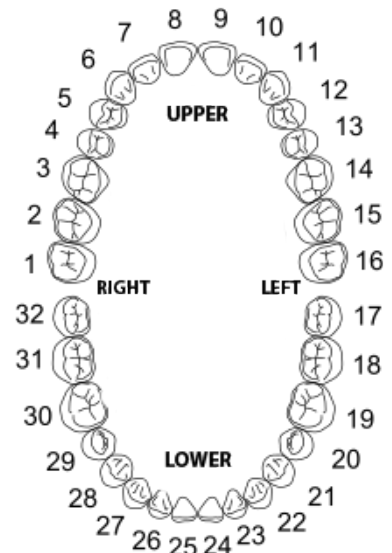


Acrylic/ Immediate Specifications

- Extract and Replace All Teeth on Model
- Only Replace Missing Teeth on Model w/ No Extraction
- Extract Teeth#: _____
- Replace Teeth#: _____
- Wrought Wire on#: _____
- If tooth extraction needed, extract tooth from model during:
 - Base+Bite Block
 - Teeth Setup
 - Acrylic Processing

ADDITIONAL INSTRUCTION: SHADE: _____ Stump Shade: _____

Tooth #'s: _____ Singles[default] Splinted/Bridged



Dentist Signature: _____ Dentist License No: _____

The dentist and/ or the dental practice signing this prescription, or a substitute thereof, agrees to all terms, conditions, warranty, and policies Hope Dental Lab and accepts responsibility for payment of the related charges and agree to pay all legal and collections costs in the event the account is in collections or litigation, including reasonable fees.