



5725 Jacksboro Hwy
Fort Worth, TX
76114

ALL ON X

DENTIST & PATIENT INFORMATION

Dr. Name _____ Practice Name _____ Dr. Phone () ____ - _____ Dr. Email _____
 Address _____ City _____ State _____ Zip _____ Date _____
 Patient Name _____ Male Female SHADE (Required) _____ Return Date _____

Step 1: Restorative Space

SELECT ONE:

- FP1 (Crown & Bridge - No Pink)
- FP2 (Crown & Bridge - No Pink)
- FP3 (Traditional with Pink)

Step 2: Restoration Materials & Fixation to Implants

Screw Retained

- FCZ Zirconia
- Premium FCZ Zirconia
- VEICRR (Zirconia Base, PMMA Teeth)

Removable

- Bar Over-denture
- Locator Denture

Cement Retained

- FCZ Zirconia

Step 3: Step to Come Back to Office

Try-In Device (Printed In A1)

- PMMA Temporary
- PMMA Temporary Backup (+\$750)

Additional Services

- Redesign
- Add Pink (+\$150)

Finish

- Finish
- Reset & Finish (Design Approval Required)
- Skip Try-In & Go To Finish (Design Approval Required)

Additional Communication

Communication

- Call me to discuss prosthetic options
- Email Design Approval
- I Sent Photos to hopetown.allonx@gmail.com
- Schedule Webex Meeting

Date & Time Requested for Webex _____

Email Address for Webex Meeting _____

Any Additional Information Please Provide Below:

Phone: 817-887-9394
www.hopetowndentallab.com
 Email: hopetown.allonx@gmail.com

Signature _____ License # _____

By signing this prescription, I acknowledge all above information is accurate. I agree to pay Hopetown Dental Lab by the 30th of the following month for all services rendered.