



Hopetown Dental Lab
711 W. Bailey Boswell Rd Suite 200
Saginaw, TX 76179
817.887.9394

Doctors Name

Patients Name

Office Name

Today's Date: _____ Seat Date: _____ Seat Time: _____

Rush Case:

CROWN: (Please Check One)

- Full Contour Zirconia
- HT Zirconia (EMAX Alternative)
- Porcelain Fused to Zirconia
- Full Contour Gold
 - Titanium
 - Semi-Precious
 - Noble

TOOTH SHADE

CROWN NUMBER(S)

ABUTMENTS:

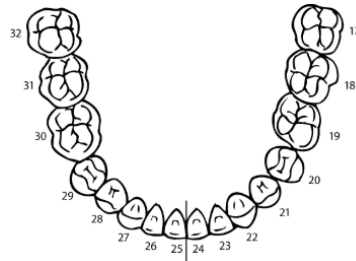
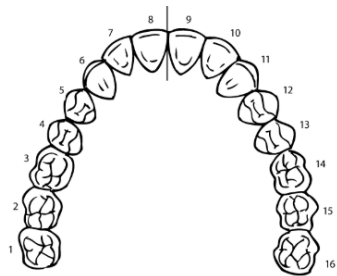
Step 1: Implant Type: _____ Implant Size: _____

Step 2: Stock Abutment Custom Abutment

Step 3: Authentic Parts 3rd Party Parts

Step 4: Screw Retained Cementable Screwmentable

SPECIFIC INSTRUCTIONS:



Signature _____ License # _____

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



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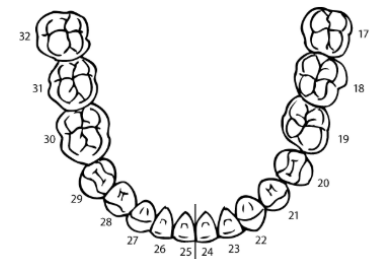
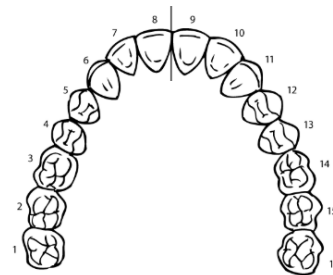
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