



Hopetown Dental Lab
5725 Jacksboro Hwy
Sansom Park, TX 76114
817-887-9394

Doctors Name

Patients Name

Office Name

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

Rush Case: (Fees Apply)

CROWN: (Please Check One)

- Full Contour Zirconia
- HT Zirconia (EMAX Alternative)
- Premium Zirconia
- ULTRA Premium PFZ
- Porcelain Fused to Zirconia
- EMAX
- Full Contour Gold
 - Non-Precious
 - Semi-Precious
 - Noble
- Yellow Gold
- White Gold
- PFM
 - Non-Precious
 - Semi-Precious
 - Noble

TOOTH
SHADE

STUMP
SHADE

CROWN
NUMBER(S)

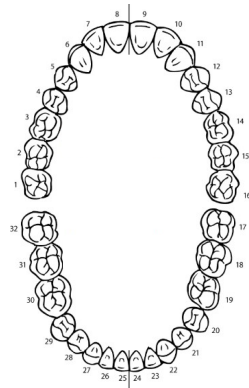
ABUTMENTS:

Step 1: Implant Type: _____ Implant Size: _____ Collar Height: _____

Step 2: Stock Abutment Custom Abutment

Step 3: 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. Should your account fail to past due, cases will be put on hold and there will be a 10% financing fee added to the account per month.



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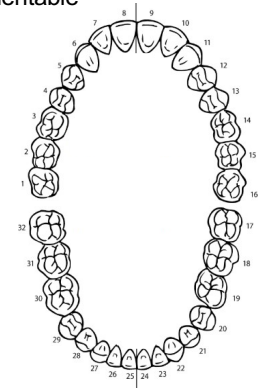
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