HiTec Dental Ceramics

Serving the Dental Industry Since 1977
4400 Technology Drive, Fremont, CA 94538
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info@hitecdental.com
Full Service Dental Laboratory

Doctor _____ Order Date _____

Patient _____ **DUE DATE** ☐ By 5:00 PM
Please do not schedule appointments on delivery date.

☐ Male ☐ Female Age _____

Type of Restoration
☐ LAVA ☐ PFM ☐ e.Max ☐ BruxZir (HIZ360) ☐ FMC
☐ Implant ☐ Gold Crown (Economy 2%) ☐ High Gold

Repair/Remake
☐ Remake
☐ Repair

Metal ☐ Non Precious ☐ Semi Precious ☐ Precious Yellow Gold ☐ Precious White Gold

Tooth Number(s) _____ **SHADE** _____

Occlusal Stain
☐ None ☐ Light ☐ Medium ☐ Dark

Design

Anterior ○  No Metal Showing ○  Lingual Band ○  Metal Lingual/ Metal Contact ○  Metal Lingual/ Porc. Contact

Posterior ○  Lingual Band ○  Metal occlusal excluding buccal cusp ○  Metal occlusal including buccal cusp

Pontic Design
 ☐ Hygienic
 ☐ Modified Ridge
 ☐ Bullet
 ☐ Ridge Lap

Margins
☐ Metal
☐ Show No Metal
☐ Porcelain

Occlusal
☐ In Occlusal
☐ Out of Occlusal
☐ Foil Relief

Special ☐ Call ☐ Return for Die Trim ☐ Metal Frame Try-In

_____

_____

_____

Signature _____ D.D.S License No. _____

TERMS: All accounts are payable within 25 days of statement date. Delinquent accounts will be subject to COD status and a late charge of 3% compound interest per month on the unpaid balance.