



Excellence in Dental Restorations

173 Empire Blvd,  
Rochester, NY 14609  
Phone: (585)288-6824  
Fax: (585)224-3632  
HyTechDentalLab.com

Due Date \_\_\_\_\_ By \_\_\_\_\_

RX Date \_\_\_\_\_

Dr. Name \_\_\_\_\_

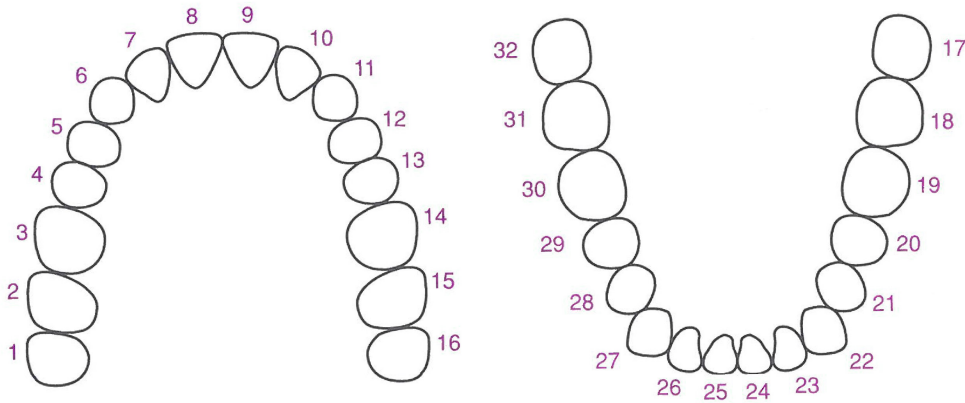
Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Patient Name \_\_\_\_\_

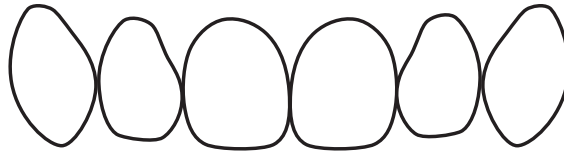
Sex  M  F Age \_\_\_\_\_ Dr. Phone Number \_\_\_\_\_

**Tooth Numbers To Be Restored**



\_\_\_\_\_  
Mould

\_\_\_\_\_  
Shade



Surface Texture  Heavy  Medium  Light

Occlusion Stain  Heavy  Medium  Light

Hypo-Calcification  Heavy  Medium  Light

\_\_\_\_\_  
Stain  
Color

Metal Free

- E.max Full
- E.max Layered
- Full Zirconia
- PFZ

PFM

- High Noble
- Noble SP
- Base/NP

Full Cast

- High Noble Gold
- Noble
- Base/NP

Removables

- Imp. Tray
- Bite Block
- Set Up
- Finish
- Cast Partial
- WW Partial
- Repair
- Reline
- Duraflex Partial
- Duracetal Clasp
- Visa Clear Clasp

Return For:

- Die Trim
- Evaluation
- Wax Tryin
- Metal Tryin
- Bisque Bake

Please Send

- RX Forms
- Boxes

Bite Registration Sent

- Yes
- No

Instructions:

- Call Dr.
- Same-Day

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Doctor Signature

\_\_\_\_\_  
License #