



# High Precision

DENTAL LABORATORY

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Torrance, CA 90501

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Dr's Name: \_\_\_\_\_

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

Patient's Name: \_\_\_\_\_  
Last First

**Due Date:** \_\_\_\_\_  
Sex M / F Age: \_\_\_\_\_

Die Trim  Metal Try In  Bisque Try In

### Restoration

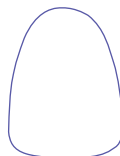
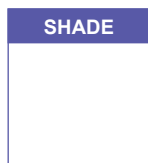
- PFM
- Full Cast Crown
- Implant  
Platform Size \_\_\_\_\_  
Type Of Implant \_\_\_\_\_
- IPS e.max (360-400MPa)
- Solid Zirconia Crown (1200 MPa)
- Super Translucent Solid Zirconia Crown (850 MPa)
- PFZ Porcelain Fused to Zirconia
- Lava Zirconia with Porcelain Overlay
- Captek
- Night Guard
- Diagnostic Wax-Up

### Pontic Design



### Metal

- High Noble (90% Gold) – yellow
- High Noble (75% Gold) – yellow/white
- High Noble (FGC) – yellow
- High Noble (Precious) – white
- Noble (Semi Precious) – white
- Non Precious



Please send study model  
for all anterior cases.

### Metal Design

- a.  b.  c.
  - d.  e.
- 

### Facial Margin Design

- Metal Porcelain Junction Margin
- Porcelain Butt Margin
- 360 Porcelain Butt Margin
- Metal Margin Hairline or \_\_\_\_\_ mm
- 360 Metal Margin Hairline or \_\_\_\_\_ mm

### Occlusal Staining

- None  Light  Medium  Dark

### Occlusal Clearance

- Out of Occlusion
- Light
- In Occlusion

- If No Occlusal Clearance:**  Spot Opposing  Reduce Prep  Reduce Prep & Reduction Coping  
 Metal Occlusion  Metal Island  Call

**TOOTH #** \_\_\_\_\_

**INSTRUCTIONS:**

**CALL ME**

Dentist Signature: \_\_\_\_\_

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

# TERMS & CONDITIONS

Your signature on a Prescription Form evidences a contract for the sale and delivery of the specially manufactured goods mentioned herein and subject to the following terms and conditions:

1. Client agrees to pay in full the stated price of the goods plus any late payment penalties, plus all costs of collection including attorney's fee if any.
2. Payment due in full after receipt of goods. A late payment penalty of 2% per month shall be charged on unpaid balance 30 days after receipt of monthly statement.
3. Each order or work authorization billed or prosthetic made constitutes a complete and separate transaction to be billed and collected as such. Acceptance of new orders by High Precision Dental Laboratory shall not represent any accord and satisfaction and shall not relieve client of any indebtedness to High Precision Dental Laboratory.
4. High Precision Dental Laboratory may from time to time require a deposit or ship goods C.O.D.
5. The Lab warrants that all dental services shall be performed according to the specifications set forth in the Rx and offers a 5 year warranty on prosthetics.
6. Any defects in returned goods must be particularized by High Precision Dental Laboratory and we will rectify the situation (free of charge) as quickly as production techniques allow in accordance with our policy.
7. High Precision Dental shall not, however, be responsible in any event for consequential damages of client or client's patients.