



10537 Garden Grove Blvd.,
Garden Grove, CA 92843
(714) 842-0466
Contacts@HoganDentalLabs.com

Dr. _____ Customer ID _____
PRINT OFFICE / LOCATION

Patient _____ Age _____ ☐ Female ☐ Male
PRINT LAST NAME PRINT FIRST NAME

DUE DATE ____ / ____ / ____ **SHADE** _____

IMPLANTS ☐ Custom Titanium Abutment
☐ Screw Retained
☐ Cementable

STUMP SHADE _____

☐ Enclosed with case ☐ Impression ☐ Models
☐ Bite ☐ Photo ☐ Partial ☐ Others _____

☐ Zirconia Full Contour
☐ Zirconia Multi Layered Full Contour
☐ Zirconia Cutback / Porcelain Overlay
☐ Emax
☐ Veneers ☐ Inlay / Onlay

REMOVABLE ☐ UPPER ☐ LOWER

☐ Full Denture ☐ Repair
☐ Partial Denture w/Metal Frame ☐ Reline
☐ Valplast Partial ☐ Rebase
☐ Valplast Combo w/Metal Frame Ortho Retainer
☐ Stayplate ☐ Clear
☐ Nightguard ☐ Hawley

PFM ☐ Non-Precious ☐ Semi* ☐ HN White Gold*

FMC ☐ Non-Precious ☐ Semi Yellow Tint*

☐ HN Yellow Gold*

*Plus cost of Alloy Weight

Rx **Implant System (Must provide):** _____
Platform Size (Must provide): _____



IF NOT ENOUGH CLEARANCE: ☐ Adjust Prep. Plus Reduction Coping ☐ Spot Opp. ☐ Call Dr.

Dr's Signature: _____ **Date:** _____

TERMS: 3% monthly service charge over 30 days of statement date. Customer agrees to pay full cost of collection plus attorney fees and court cost.



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