



Hogan Dental Laboratory

(714) 842-0466

520 N. Brookhurst Street, Suite #120
Anaheim, CA 92801

Email: Contact@HoganDentalLab.com
www.HoganDentalLab.com
STL Digital Scan File:
Scans@HoganDentalLab.com

Dr. _____

Patient _____

Date Sent _____

Due Date _____

Enclosed with case: Impressions Models Bite
 Photos Partial Other: _____

www.instagram.com/hogandentallab

www.linkedin.com/company/hogandentallab


www.facebook.com/hogandentallab

LAB USE ONLY	
CASE PAN #	
SHIP DATE	
DENTIST	

Rx Separate Crown Bridge - Bite Req'd.

Age _____ M / F

SHADE



IF LIMITED OCCLUSAL CLEARANCE:

Call Doctor Adjust Opposing Adjust Prep Metal Stop/Occlusion

Signature _____ License # _____

OTHER SERVICES

- Porcelain Labial Butt Margin
- Frame Try In
- Future R.P.D. Rest
Mesial, Distal, Cingulum
- Partial Adaptation
- Precision Attachment M/F

CONTACT

- | Proximal | Occlusal |
|---------------------------------|--|
| <input type="checkbox"/> Light | <input type="checkbox"/> Light: 0.3mm |
| <input type="checkbox"/> Medium | <input type="checkbox"/> Medium: 0.1mm |
| <input type="checkbox"/> Heavy | <input type="checkbox"/> Heavy-Touching Opposing |
| | <input type="checkbox"/> Out of Occlusal: 0.5mm |

PONTIC DESIGN



METAL DESIGN

- No Metal Showing
- Lingual Metal Collar
- 360° Metal Margin
Thin, 0.5, 1.0 mm
- Metal Lingual
- Excluding buccal cusp
- Including Buccal cusp

OCCLUSAL STAINING

- None Light
- Medium Dark

PORCELAIN FUSED TO METAL		FULL CAST
High Noble Alloys*	Noble Alloys*	Other Alloys
<input type="checkbox"/> 40% White Gold	<input type="checkbox"/> Semi-Precious	<input type="checkbox"/> Non-Precious
Additional charges apply		<input type="checkbox"/> Non-Nickel
		<input type="checkbox"/> 63% Gold (HN) Yellow*
		<input type="checkbox"/> 2% Gold (N) Yellow Tint*
		<input type="checkbox"/> Non-Precious

IPS E.MAX®

Veneer Inlay / Onlay IPS E.max® Press Crown

Stump shade required _____

ZIRCONIA

Zirconia: Multi-Layered Full Contour Disc 750 MPa
*Translucent *Anteriors *Posteriors

Zirconia: Full Contour 1100+ MPa

NIGHT GUARD

Upper Lower

Combo (Soft/Hard) Hard Soft NTI

IMPLANTS

Custom Titanium Abutment: _____

Implant System: _____

Implant Size: _____

TERMS: 3% Monthly Service Charge Over 30 Days of Statement date. Customer agrees to pay full cost of collection plus attorney fees and court costs.

Impression or STL Digital Files

Hogan Dental Lab offers the following:

PFM (base, noble and high noble alloys)

IPS e.max[®]

ZIRCONIA

VENEERS

IMPLANTS: Custom Abutments

(screw retained OR cementable crowns)

NIGHT GUARDS

HOGAN DENTAL LABORATORY TERMS AND POLICIES

WARRANTY: Hogan Dental Laboratory (HDL) guarantees its work for one year against defects in materials and craftsmanship. Please note: Nightguards carry a 6 month warranty.

REMAKES: All remakes will be at no charge except under the following circumstances:

- Dentist did not resubmit all original goods including impressions, models and restorations. HDL must have these goods to assess possible restoration or repair cost to dentist and to determine if original product is repairable or necessitates remanufacture.
- HDL inquired about the die, margin or impression. However, the dentist approved and requested the completion of the case.
- HDL requested for a framework try-in, but the dentist declined and asked for a completed case.
- The teeth are re-prepared.

TERMS: Prices subject to change without notice. All accounts are payable within 30 days of statement date. **Accounts not paid within the stated terms will be subject to COD status and a late charge of 3 percent of the unpaid balance.** Customer agrees to pay full costs of collection including attorney fees and court costs, plus any other ancillary fees or services utilized to collect the outstanding debt. Hogan Dental Laboratory will pursue all legal remedies including, but not limited to the recovery of all outstanding damages, pre-judgement interest, attorney's fees, and costs of suit.

FOR LAB USE ONLY

P _____ R _____
PAD _____ S _____
C _____ POST ___ F ___ C ___ S ___
MS _____ PM _____
ML _____ ATTACH M/F _____
MO _____ ERA ATTACH _____
FC _____ ETCH _____
REDUCTION COPING ___ WE _____
IMPLANT _____ DT _____
CA CLASP _____ E.max Stain _____
CLASP _____ E.max Layering _____

Margins not defined: _____%

___ Pull marks: M ___ D ___ L ___ B ___

___ Tissue over margins: M ___ D ___ L ___ B ___

___ Build up: M ___ D ___ L ___ B ___

___ Bubble: M ___ D ___ L ___ B ___