



13 Center Street  
 Gulf Breeze, FL 32561  
 850.932.9447  
 www.HBDentalLaboratory.com

# Rx Form

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Doctor Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Due Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### All Ceramic

- Argen HT+ Ant. Zirconia
- Argen HT+ High Strength Zirconia
- Ceramic Layered HT+ Zirconia
- IPS e.max Monolithic

### Metal Alloy

#### PFM

- Argeloy NP Supreme
- (N) Silver Palladium

#### Full Gold

- (N) Argenco 46
- (N) Argenco Y+

### Implant

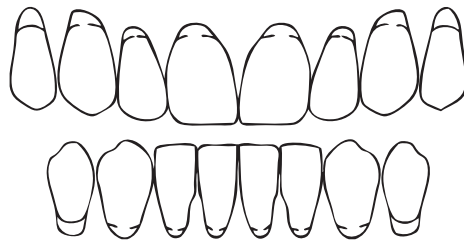
- Cement Retained
- Screw Retained

### Abutment

- Stock Abutment
- Zimmer / Biomet
- Nobel / Biocare
- Straumann

### Shading

- Base Shade
- Gingival Shade
- Incisal Shade



### Design

- Porcelain Margin
- Metal Band \_\_\_\_ mm
- Metal Lingual
- Metal Occlusal

### Additional Instructions

Signing this work authorization indicates that you agree to abide by the following conditions:

- (1) All invoices for work performed are due and payable within 30 days.
- (2) A service charge of 1.5% (18% APR) will be paid on all invoices over 30 days.

Signature: \_\_\_\_\_ Lic. #: \_\_\_\_\_