

Visit www.hancockdentalarts.com for instructions on sending cases

For Case Pickups **TEXT 952-855-7929**
(Include Practice, Doctor, # of Cases)

PLEASE COMPLETE ALL FIELDS

Date Sent _____ Due Date _____ Appt. Time _____ Expedite (fees apply)

Doctor Name /Practice _____ **DO YOU NEED?**

Address _____ Rx Forms

City _____ State _____ ZIP _____ Boxes

Email _____ Dr. Phone _____ Shipping Labels

Patient Name _____ Age _____ Male Female **CALL ME**

Instructions

Restoration Tooth #s (Use dash through any missing tooth to designate pontic)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

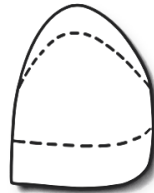
Restoration Type

- Diagnostic Wax-Up
- Emax
- Zirconia
- Other _____

Shade

Prep Shade _____

Final Shade



Length

Centrals _____

Laterals _____

Incisal Translucency

- Minimal (0.5mm)
- Moderate (1.0mm)
- Maximum (1.5mm)

Incisal Edge

- Flat
- Characteristics
- Mamelon Developments
- Other _____

Surface Texture

- High
- Medium
- Light
- Smooth (no texture)

Implant / Abutment Options

Implant Mfg./Type: _____

Implant Size: _____

- Titanium
- Zirconia
- Milled Custom
- Cement Retained
- Screw Retained
- Other _____

Photographs

- Email
- Dropbox

Email or share photos to
lab@hancockdentalarts.com

Signature _____ DDS License No. _____

Payment terms are Net 30 days. The person signing this work order accepts responsibility for payment and agrees to pay all collection costs including attorney fees if applicable. A 1.5% (18%/yr.) finance charge may be added to all balances due over 30 days. Please reach out to lab@hancockdentalarts.com for billing questions.