



ADL Dental Laboratory, Inc.

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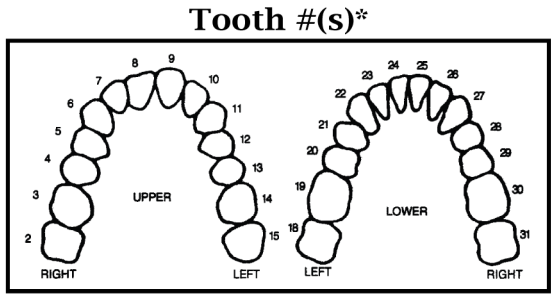
*** Indicates Required Field**

Dr.*: _____ Practice: _____
 Date*: _____ Email: _____
 Street*: _____
 City*: _____ State*: _____ Zip*: _____
 Phone*: _____

Patient*: _____ Age/Sex: _____
 Due*: _____ Time*: _____ Attn.: _____ Call Dr.

Final Shade*

Removable
 Try-in Finish
 Denture Teeth
 Portrait Ivoclar Blueline
 Porcelain Plastic

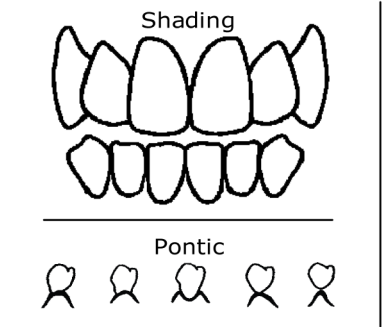


If NO Occlusal Clearance
 Metal Occl. Spot Oppos.
 Call Dr. Permanent Preference
 Foil Occl. Y N

Occlusal Staining:
 None Light Med. Dark

ADL: Panther (Press-to-Metal)

Mould: _____
 Partial Denture
 Cast Framework
 Vitallium 2000 Economy Other Valplast Acrylic
 Design: Upper Design: Lower
 Palatal Strap Lingual Bar
 Horseshoe Lingual Plate
 Bite Guard — Clear Fit Talon



Porcelain Fused-to-Metal
 Non-Precious Semi-Precious
 High-Noble Incl. Softouch
 All-Ceramics
 IPS Empress IPS e.max
 ADL Zr Procera Lava
 Full-Cast
 40% 46% 62%

Instructions

Additional Instructions on Back

Signature*: _____

License #: _____

Customer agrees to Terms and Policies on Back

Send Additional Supplies — Rx Pads Mailing Labels Boxes

