



ADL Dental Laboratory
4411 Poplar Level Rd. • Louisville, KY 40213
502.451.2200 • 800.456.1292 • Fax: 502.451.2768
lab@adidental.com • adidental.com

Kentucky License: L-0003

FIXED HYBRID RX

Clinic: _____ Dr. Name: _____

Address: _____

Patient's Name: _____ Phone Number: _____

Order Date: _____

Delivery Requested By: _____

Surgery Date: _____

Send Additional Supplies:

Rx Pads Mailing Labels Boxes

CASE INFORMATION:

TOOTH SHADE _____ IMPLANT SYSTEM _____

GINGIVA SHADE _____ ABUTMENTS _____

	Max	Mand
MOCK/BETA	<input type="checkbox"/>	<input type="checkbox"/>
CERAMIC BRIDGE	<input type="checkbox"/>	<input type="checkbox"/>
HYBRID BRIDGE	<input type="checkbox"/>	<input type="checkbox"/>
TRADITIONAL/DIGITAL DENTURES	<input type="checkbox"/>	<input type="checkbox"/>
ALL-ACRYLIC BRIDGE	<input type="checkbox"/>	<input type="checkbox"/>
IMMEDIATE DENTURE	<input type="checkbox"/>	<input type="checkbox"/>
RETREAD (new teeth on existing bar)	<input type="checkbox"/>	<input type="checkbox"/>
TREATMENT EFFICIENCY MODULE	<input type="checkbox"/>	<input type="checkbox"/>

SURGEON: _____

INSTRUCTIONS:

SIGNATURE: _____

LIC #: _____ DATE: _____