



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*

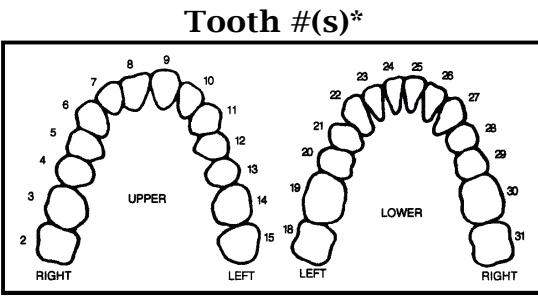
Removable
 Try-in Finish

Denture Teeth
 Portrait Ivoclar BlueLine
 Porcelain Plastic

Mould: _____

Partial Denture
 Cast Framework
 Vitallium Other
 2000 Economy Valplast Acrylic
 Design: Upper Design: Lower
 Palatal Strap Lingual Bar
 Horseshoe Lingual Plate

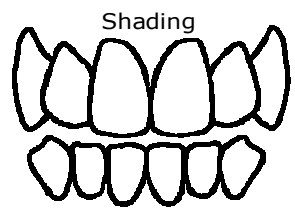
Bite Guard — Clear Fit Talon



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)



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

