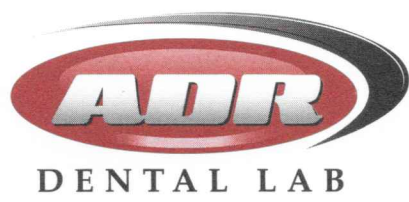


1153 Knee Lane
 Duncansville, PA 16635
 Phone: 814.693.2915
 Fax: 814.693.7607



INTERNAL USE ONLY
 DATE REC. _____
 PAN # _____
 ADD INFO _____

From _____

Address _____

Patients Name _____ Male
 Female

Today's Date _____ Due Date _____ Time _____

TOOTH SELECTION

Tooth Shade _____ Anterior _____ Posterior _____
 Anterior Mould _____ Plastic Plastic 0° 20°
 Posterior Mould _____ Porcelain Porcelain 10° 33°
 Denture Type: Economy Standard Premium Deluxe

PARTIAL DESIGN

LOWER

UPPER

METAL
 ECONOMY STANDARD PREMIUM
 PREMIUM VALPLAST
 STANDARD VALPLAST
 ACRYLIC

CASE DESIGN: Crown/Bridge prosthesis

SHADING DIAGRAM

TYPE OF SHADE GUIDE _____

IMPLANT DESIGNS

Titanium Custom Abutment
 Zirconia Custom Abutment
 Ti-Zir Custom Abutment
 FCZ Screw Retained crown/abutment

EMAX ALL CERAMIC: Full Crown Veneer
 ZIRCONIA: FCZ FCZ - Veneered
 PORCELAIN FUSED TO METAL: Gold Semi Non-Precious
 FULL CAST CROWN: Gold Non-Precious

Instructions: _____

Dr's. Signature _____ Dr's. License No. _____

Email: adrlabinc@gmail.com
 Website: altoonadentallab.com

PRODUCT CODES

INVOICE # _____