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Niagara Falls
New York, 14301
USA
Tel:(716)285-4110

Doctor's Name	Phone		Date Ordered	Doctor's Address		
Patient's Name	Age Sex ☐M ☐F	Shade	Date Requested	City	Stat	Zip Code

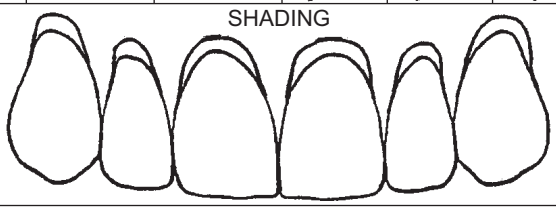
☐ PORCELAIN FUSED TO METAL ☐ FULL CAST CROWN ☐ IPS EMPRESS ☐ PROCERA
☐ NON-PRECIOUS ☐ SEMI-PRECIOUS ☐ LAVA ☐ PRECIOUS ☐ GOLD ☐ ZIRCONIA
☐ METAL-PORCELAIN MARGIN ☐ METAL MARGIN (...mm) ☐ PORCELAIN BUTT MARGIN

☐ METAL TRY-IN ☐ BISCQUE BAKE TRY-IN

☐ Full porcelain no metal showing	☐ lingual shoulder collar	☐ lingual Collar with small labial Metal Margin	☐ _____ MM	☐ Full metal lingual	☐ Full metal lingual with narrow labial Metal margin	☐ Full porcelain. no metal showing
☐ Lingual Collar	☐ Lingual shoulder with small labial Metal margin	☐ Lingual cusps metal	☐ Lingual cusps metal w/narrow buccal shoulder	☐ Buccal porcelain veneer	☐ Buccal porcelain veneer w/narrow buccal shoulder	☐ Buccal porcelain veneer s/narrow buccal shoulder & full metal occlusal

1 BROAD	2 NORMAL	3 POINT				

SHADING



Signature _____ D.D.S. License# _____

OCCLUSAL STAINING ☐ NONE ☐ LIGHT ☐ MEDIUM ☐ HEAVY

☐ LAB COPY 1 ☐ LAB COPY 2 ☐ DOCTOR COPY 3

Please EMAIL pictures to: porcelain@adldentallabs.com

Date Received	Sch.Ship Date		Invoice No.	Tech. Init.	Date Shipped
Impression ☐	Bite ☐	Art ☐	UM ☐	L M ☐	Misc. ☐

FOR OFFICE USE ONLY: _____