



ADVANCED DENTURE LABORATORY INC.

2015 Montreal Rd., Ste E

Tucker, GA 30084

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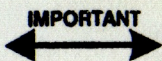
DATE IN \_\_\_\_\_

From DR. \_\_\_\_\_ Telephone # \_\_\_\_\_  
(Please Print Name)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PATIENT \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

SHADE: \_\_\_\_\_ MAKE OF TEETH: \_\_\_\_\_  
MOLD: \_\_\_\_\_



RETURN  
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

TRY - IN  ACRYLIC: LUCITONE 199 PINK  MEHARY: DARK   
FINISH  LT PINK  LIGHT   
RED PINK  MED.

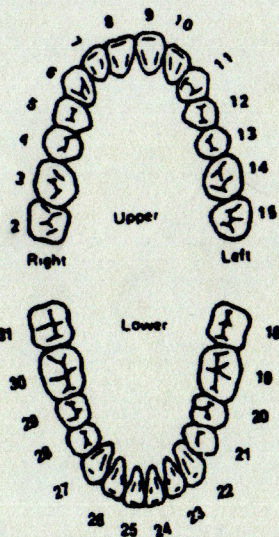
DENTURES

- STANDARD DENTURE
- PREMIUM DENTURE
- ACRYLIC PARTIAL
- FLEXIBLE PARTIAL
- CU-SIL DENTURE
- CUSTOM TRAY
- BASE PLATE W/BITE
- TRY-IN ARRANGEMENT
- PROCESS & FINISH
- RELINE/REBASE
- REPAIR ACRYLIC
- REPAIR METAL
- NIGHT GUARD (SOFT)(HARD)
- BLEACHING TRAY
- OTHERS

PARTIAL FRAME WORK

- FRAME ONLY
- BITE BLOCKS
- SET UP
- FINISH
- PREMIUM
- STANDARD
- PFM CROWN

SPECIAL INSTRUCTIONS



More Instructions Over