



Allied Dental Lab

35 W. Pennsylvania Ave.
Downingtown, PA 19335
Phone: (610) 269-0489
Fax: (610) 269-9783

*Please write clearly to insure proper billing and shipping.

Dr. _____ Date _____

Address _____

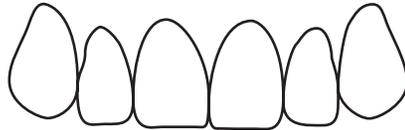
Patient _____ Sex _____ Age _____

Telephone () _____ Due Date _____ pm

Tooth Numbers and Specific Instructions

Rx

*Please send a study model on all work involving Anterior Teeth



Shade _____

Stump Shade _____

Signature _____

D.D.S. License # _____

Terms: Net 30 Days Date _____
20% Past Due/Over 30 days

Cost of collection of any account will be paid by the customer

Restoration Design

Porcelain Fused to
 Electroformed Noble
 High Noble Base

Full Contour Gold
 High Noble Noble

All Ceramic
 Empress Pressed
 Empress CAD
 Emax Pressed
 Emax CAD
 Zirconium

- All Porcelain Coverage
- Porcelain Margin
- All Porcelain excluding Metal Lingual Collar
- 360° Metal Margin
- Metal Occlusal excluding Buccal Cusp

Pontics



Occlusal Stain

- Dark Brown Yellow Brown
- Medium Brown Decalcification
- Light Brown Craze Lines



LAB USE



PAN #

UNITS



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