

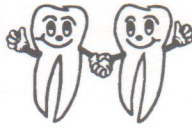
ADVANCED DENTAL LABORATORY

FULL SERVICE DENTAL LABORATORY

756 La Playa

San Francisco, California 94121

Tel. (415) 221-5725



Dr.'s Name _____ Date _____

Patient's Name _____ INV.No _____

Type of restoration: PFM FCC JACKET FOIL OTHER _____

Return for [] Try-In , [] Insertion/Cementation , [] Consultation/Approval

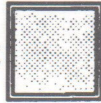
DATE WANTED Time _____ AM PM

INSTRUCTIONS:

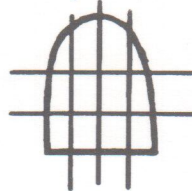
Please, construct _____

Circle the design for crown, pontic or draw your own

BASE
SHADE
GUIDE



CUSTOM
SHADE/
STAIN



Dr.'s SIGNATURE _____