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Pan #

ADVANCED DENTAL LAB

7362 University Ave. NE, Suite 300
Fridley, MN 55432
(763) 571-4887
adlcrowns@gmail.com

Prep. Date

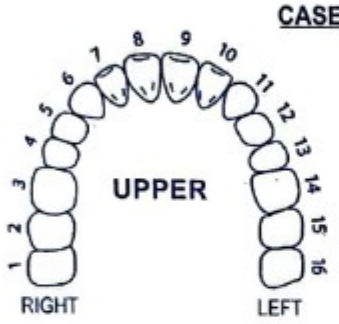
DUE Date

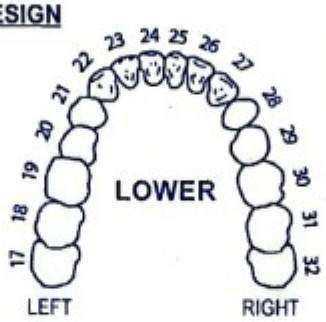
Dr. / Office _____
PLEASE PRINT CLEARLY

Patient _____ Sex : ☐M ☐F Age : _____

ANTERIOR DESIGN ☐ ☐ ☐ | **POSTERIOR DESIGN** ☐ ☐ ☐ ☐ | **PONTIC DESIGN** ☐ ☐ ☐ ☐ ☐

CASE DESIGN





SHADE _____

PFM / ALLOY SELECTION
- ☐ Non-Precious
- ☐ Semi-Precious
- ☐ High Noble White
- ☐ High Noble Yellow

ALL PORCELAIN RESTORATION
_____

Dr. Notes :

PLEASE SEND : ☐ Boxes ☐ Rx's

Doctor's Signature _____ D.D.S. License No. _____

Payment due by the 15th of each month, any amout over 30 days subject to 3% late fee + cost of any collection fees.