

Member of N.A.D.L.
DAMAS Certified



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LAB USE ONLY

FROM DR. _____ **DATE** _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PATIENT'S NAME _____

TYPE OF RESTORATION _____

DATE WANTED: TRY-IN _____ ^{AM} _{PM} FINISH _____

RCV DATE _____

CASE # _____

MFG APPROVED _____

- METAL:** GOLD SEMI PRECIOUS PALLADIUM ALLOY
DESIGNS: METAL OCC. PORCELAIN OCC. DESIGN for PARTIAL
MARGINS PORCELAIN SHOULDERS PORCELAIN METAL METAL COLLAR
ALL CERAMIC: CERCON CROWN PROCERA CROWN PRESSED CERAMIC

CHK IMP _____

MODEL _____

WAX _____

CAST/MILL _____

METAL _____

PORCELAIN _____

POLISH _____

ABUTMENT _____

FINAL _____

BILLING _____

SHIPPING _____

SHADE	MOULD
SHADE	MOULD
SHADE	MOULD



DR. SUPPLIED PARTS _____

LAB SUPPLIED PARTS _____

DENTIST'S LIC. NUMBER _____ DATE _____, 20____

PERSONAL SIGNATURE OF DENTIST _____