



2028 E. Riverside Blvd. Suite 220 Loves Park, IL 61111
 815-964-5940 assureddentallab@aol.com
 Website: assureddentallabinc.com
 Digital Scan Upload: STLforADL@AOL.COM

Doctor: _____

Address: _____

Patient: _____

DUE DATE:

SHADE:

SPECTROSHADE
 YES NO

TOOTH NUMBERS

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

PRODUCT SELECTION	TYPE OF METAL
<input type="checkbox"/> PORCELAIN TO METAL <input type="checkbox"/> GOLD CROWN <input type="checkbox"/> IMPLANT <input type="checkbox"/> SCREW RET <input type="checkbox"/> CEMENT RET <input type="checkbox"/> HYBRID-ZIRC, PORC BUCCAL <input type="checkbox"/> EMAX <input type="checkbox"/> FULL CONTOUR ZIRCONIA "FCZ"	<input type="checkbox"/> PFM SEMI PRECIOUS <input type="checkbox"/> PFM HIGH NOBLE <input type="checkbox"/> FULL CAST 20% <input type="checkbox"/> FULL CAST 50% <input type="checkbox"/> FULL CAST 75% <input type="checkbox"/> OTHER <input type="checkbox"/> NON PRECIOUS

IMPLANT DATA		
TOOTH #	IMPLANT TYPE	PLATFORM DIAMETER

LAB NOTES

CONSTRUCT AND DELIVER TO THE UNDERSIGNED ONLY THE HEREIN DESCRIBED DENTAL RESTORATION

PERSONAL SIGNATURE OF DENTIST _____ DDS

DATE _____