

Work Authorization Form

State Registration # 02574



**American
Dental
Laboratory**

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Doctor's Name _____ Date _____ Return Date _____ DESIRED SHADE _____
 Patient's Name _____ Pt's Age _____ STUMP SHADE _____
 Male Female

- Enclosed with Case**
- IMPRESSIONS
 - OPPOSING MODEL
 - ARTICULATOR
 - BITE REGISTRATION
 - PHOTOS /DISKS/SLIDES
 - PROVISIONAL MODEL
 - FACEBOW
 - DIAGNOSTIC WAX-UP
 - OLD RESTORATIONS

- DOCTOR DIE TRIM
- FRAME TRY-IN
- BISQUE BAKE
- PLEASE CALL

- Buccal Margin**
- METAL BAND
 - VENEER
 - PORC. BUTT
 - 360 DEGREE

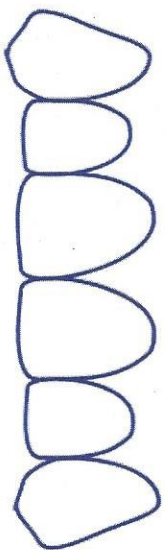
- Occlusal / Lingual**
- FULL METAL
 - 3/4 METAL
 - METAL ISLAND
 - REDUCTION COPING
 - REDUCE OPPOSING

- Occlusal Stain**
- None
 - Light
 - Medium
 - Dark

Tooth Numbers:

Use For Full Cast For Porcelain Bracket Splints

<input type="checkbox"/> E.MAX _____	<input type="checkbox"/> Zir Press _____	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<input type="checkbox"/> FELDESPATHIC _____		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17



- Pontic Design**
- Sanitary Ridge Lap
 - Modified Ridge Lap
 - Bullet

- Surface Texture**
- Smooth
 - Medium
 - Heavy
 - Match Adjacent Teeth

- FULL ZIRCONIA _____
- ZIRCONIA LAYERED _____
- CUSTOM ABUTMENTS _____
- ALL ON 4 _____
- PORC. TO METAL _____
- Hi Noble White Noble
- Hi Noble Gold NP
- FULL GOLD _____
- Hi Noble White Noble White NP
- Hi Noble Gold Noble Gold
- DIAGNOSTIC WAX UP _____
- PROVISIONALS _____
- PMMA
- Acrylic

Doctor's Signature _____ License # _____ © Copyright 2018 ADL, Inc.