



AMERICAN DENTAL LABORATORY

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Work Authorization Form

State Registration # 02574

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

Enclosed with Case

IMPRESSIONS BITE REGISTRATION FACEBOW
 OPPOSING MODEL PHOTOS /DISKS/SLIDES DIAGNOSTIC WAX-UP
 ARTICULATOR PROVISIONAL MODEL 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 Medium
 Light Dark

Tooth Numbers:

E.MAX _____ Zir Press _____
 FELDSPATHIC _____
 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

Use For Full Cast For Porcelain Bracket Splints

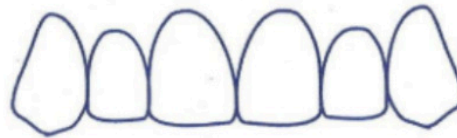
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Pontic Design

Sanitary Ridge Lap Modified Ridge Lap Bullet

Surface Texture

Smooth
 Medium
 Heavy
 Match Adjacent Teeth



Doctor's Signature _____

License # _____