

P.L. DENTAL LABORATORY

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Website : www.pldentallab.com



Order Date :

Due Date :

(Deliver By 5PM)

Doctor's Name _____ (Please Print)

Doctor's Address _____ City _____ State _____ Zip _____

M F

Patient's Name _____ Sex _____

Restoration : Implant Crown Bridge Veneer
 PFM HN Semi NP Inlay/Onlay Cast & Post

All-Ceramic

- Zirconia HT
- IPS E.max Cad
- PMMA
- Hand Layered Porc. to Zirconia

Custom Abutment

- Titanium
- Zirconia Hybrid
- Ti-Base
- Gold -Anodized
- Stock Abutment

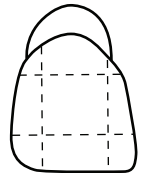
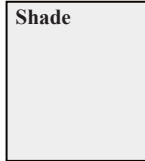
Mouth Guard

- Soft
- Hard
- Dual
- Sport
- Retainer
- Splint
- BL.Tray

Implant Design

- Screw Access Hole
- Cement Retained
- Screw Retained

Shade Instructions



Pontic Design

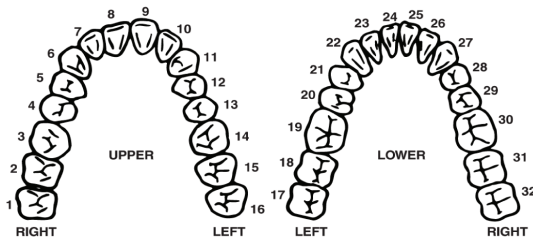


If No Clearance?

- Reduce & Mark Opposing
- Metal Occlusal
- Reduction Coping
- Please Call Dentist

Supplies

- Boxes
- Prescriptions



Try-In Finish

Instructions _____

Doctor's Signature _____ Lic. # _____