

A+PDL

A+ Precision Dental Lab

68446 Tammany Trace Dr. Ste. 9
Mandeville, La. 704701
Phone: (985)400-5822
Fax: (985)900-2148

www.Myplusdentallab.com
Lacey@myplusdentallab.com

Date / /

Due Date / /

For Lab Use Only

Doctor / Office: _____

Patient Name: _____

Date In: _____

Pan # _____

Initials _____

Tooth Shade **Immediate**

Tissue Shade **Removing #'s**

Restoration For

Miscellaneous

Others

Upper _____ **Lower** _____
Set-Up / Try-In _____
Straight To Process _____
Reset Retry _____
Reset Process _____
Process & Finish _____

Bt. Rim _____
Cust. Tray _____
Reline/Rebase _____
Soft Reline _____
Repair _____
Study Model /
Diagnostic Wax-Up _____

Hard Nightguard _____
Hard/Soft Nightguard _____
Essex Retainer _____
Essex For Tooth #'s _____
Bleach Tray _____
Air Chamber _____
Fiber Mesh _____

Call Doctor _____

Restoration Type

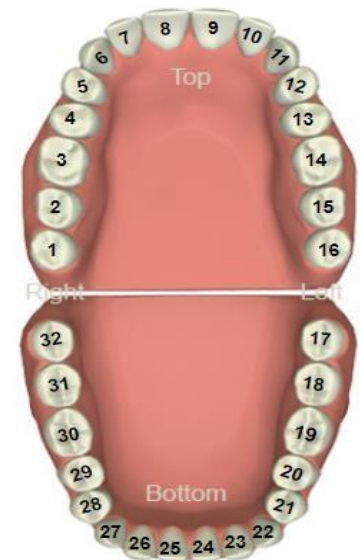
Complete Denture _____
Acrylic Partial _____
Cast Frame _____ W/Bt Rim _____
Flex Partial _____
Flipper No Clasp _____
Flipper W/2 Clasp _____

Special Instructions

Rx

Attention

If Case Is For Raymond Only,
Please Check Box And Put
Contact Info Here
Phone # _____



Doctors Signature _____

Lic. # _____