ANGOLA DENTAL LABORATORY

1105 W. MAUMEE ST. • ANGOLA, INDIANA 46703
PHONE 260-665-5313

DR. | DATE / /

ADDRESS | CITY | STATE | ZIP CODE

PATIENT'S NAME
OR CASE NO.

☐ PRESCRIPTION
☐ LABEL

DATE NEEDED / / | TIME NEEDED | A.M. P.M. | TRY-IN ☐ FINISH ☐

SHADE | TYPE OF TEETH | MOULD | ESTHETICS ☐ MALE ☐ FEMALE | AGE

DENTURE DEPT.

- ☐ MUSCLE TRIM
- ☐ CARVE
- ☐ THIN LABIAL
- ☐ THICK LABIAL
- ☐ SURGICAL MATRIX

- ☐ MODEL
- ☐ TRAY
- ☐ BUILTBITE
- ☐ TRACER
- ☐ IMMEDIATE
- ☐ RELIEF
- ☐ POST DAMM
- ☐ MILL

	TYPE	UPPER	LOWER
VINAL			
ACRYLIC			
RELINE			
DUPLICATE			
REPAIR			

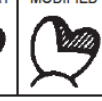
PARTIAL DEPT.

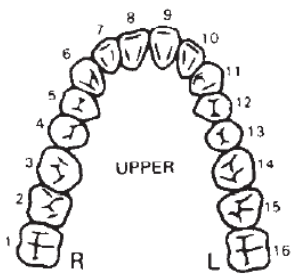
- ☐ CHROME
- ☐ GOLD
- ☐ HORSESHOE
- ☐ PALATAL BAR
- ☐ OPEN RUGAE
- ☐ RING BAR
- ☐ LINGUAL BAR
- ☐ APRON BAR
- ☐ DE HINGES
- ☐ SKELETON
- ☐ AKERS CLASPS
- ☐ ROACH CLASPS
- ☐ ALL CAST
- ☐ GOLD BENT WIRE
- ☐ CHROME BENT WIRE
- ☐ FACINGS
- ☐ TUBE TEETH

CROWN AND BRIDGE DEPT.

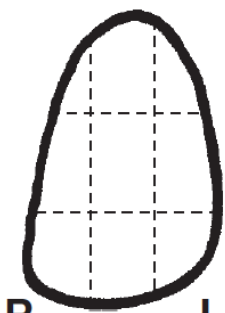
- ☐ **HIGH NOBEL METAL**
- ☐ **NOBLE METAL**
- ☐ **BASE METAL**

- ☐ INLAY
- ☐ FULL CAST CROWN
- ☐ PORCLAIN VENEER CROWN
  - ☐ Veneer
  - ☐ Full Cov.
- ☐ PORCLAIN VENEER PONTIC
  - ☐ Veneer
  - ☐ Full Cov.
- ☐ FULL CAST PONTIC

FULL LAP	SANITARY	SANITARY	MODIFIED
			



CUSTOM SHADE



SIGNATURE | D.D.S. | LICENSE NO.