LAB CODES

ADL
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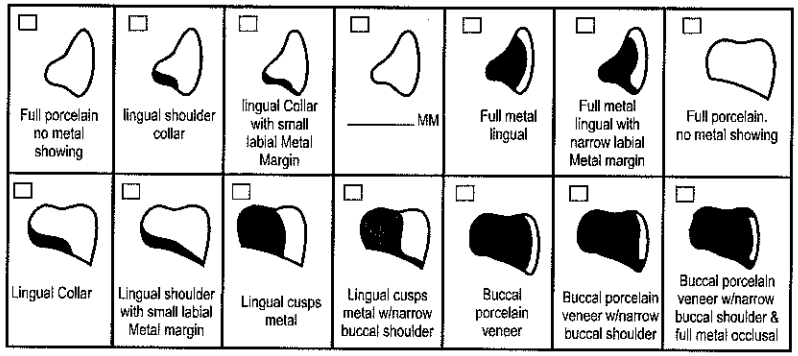
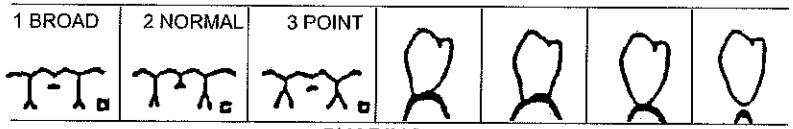
No. 39961

Doctor's Name	Phone		Date Ordered	Doctor's Address		
Patient's Name	Age _____ Sex ☐M ☐F	Shade	Date Requested	City	Province	Postal Code

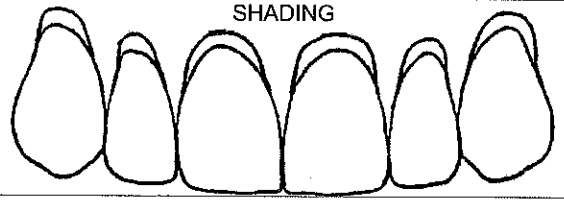
☐ PORCELAIN FUSED TO METAL ☐ FULL CAST CROWN ☐ IPS EMPRESS ☐ PROCERA
☐ NON-PRECIOUS ☐ SEMI-PRECIOUS ☐ LAVA ☐ PRECIOUS ☐ GOLD ☐ ZIRCONIA
☐ METAL-PORCELAIN MARGIN ☐ METAL MARGIN (...mm) ☐ PORCELAIN BUTT MARGIN

☐ METAL TRY-IN ☐ BISCQUE BAKE TRY-IN





SHADING



*Signature*_____ D.D.S. License# _____

OCCLUSAL STAINING ☐ NONE ☐ LIGHT ☐ MEDIUM ☐ HEAVY

LAB COPY 1 ☐ LAB COPY 2 ☐ DOCTOR COPY 3 ☐

Please EMAIL pictures to: porcelain@adllabs.com

Date Received	Sch.Ship Date		Invoice No.	Tech. Init.	Date Shipped
Impression ☐	Bite ☐	Art ☐	UM ☐	L M ☐	Misc. ☐

FOR OFFICE USE ONLY: _____