



AMERICAN DENTAL LABORATORY

1702 N. Collins Blvd.
Suite 260,
Richardson, TX 75080

Due Date _____
Case will be delivered between
8:00 - 5:00 on date required.

Tel: 972.276.5356
info@adldp.com

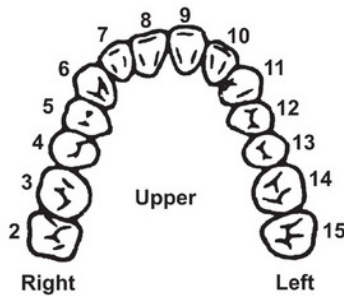
Doctor: _____ Phone #: _____

Dental Clinic: _____

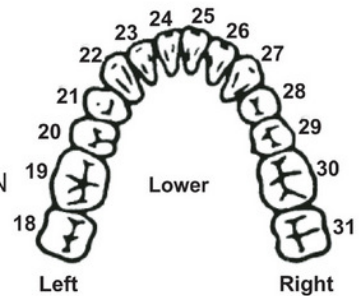
Patient's Name: _____ Age: _____ DOB: _____

Shade: _____

M F



- ALL ON 4 / IMPLANT / OVER DENTURE
- METAL PARTIAL
- ACRYLIC PARTIALS
- VALPLAST / FLEXIBLE PARTIAL
- VALPLAST / CAST PARTIAL COMBINATION
- FLEXIBLE CLEAR CLASP
- NIGHT GUARD / HARD / HARD & SOFT / THERMOGUARD



DENTURES

- UPPER
- LOWER

- Reline
- Custom Tray
- Add Tooth
- Repair
- ReBase
- Surgical Tray

PARTIALS

- UPPER
- LOWER

Please mark denture for ID purposes as:

Please exclude identification

Try In Framework

Try In Bite Block

Try In Teeth

Finish

Date: _____ License No. _____

Signature: _____

SEND MORE

- Rx's
- Boxes

Net amount of invoice is due within 10 days of order's reception, all balance beyond 30 days are subject to a daily finance charge of 10%. I agree to pay reasonable attorneys fees and collection costs if this account is referred to collection.