



A Full Service Dental Lab Committed to Quality Since 1983

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 alphadentallaboratory.com

Office Use

Route/Network

US MAIL / UPS

Deliver By Alpha Driver

RETURN DATE

Office use Only Do Not Write in Space

Alpha email: alphadentallab2@aol.com

DOCTOR NAME _____

PATIENT NAME _____

SEND SCRIPT PAD SEND BAGS ALPHA'S PAN # _____

| DATE | DUE DATE | TRY IN | FINISH | SHADE |
|------|----------|---------------------------------------|--------|--|
| | | <input type="checkbox"/> Metal try-in | | <input type="checkbox"/> Match <input type="checkbox"/> Upgrade teeth |

- | | | |
|---|---|--|
| REMOVABLE: <input type="checkbox"/> Full Denture <input type="checkbox"/> Acrylic Partial Type of Clasp _____ <input type="checkbox"/> TCS / Valplast Partial <input type="checkbox"/> Flexite Partial <input type="checkbox"/> Cast Framework | <input type="checkbox"/> Upper <input type="checkbox"/> Immeidiante <input type="checkbox"/> Printed Denture <input type="checkbox"/> Printed Dupe Denture <input type="checkbox"/> Hi-Impact Lucitone <input type="checkbox"/> Titanium | <input type="checkbox"/> Lower <input type="checkbox"/> Immeidiante CROWN & BRIDGE: <input type="checkbox"/> Semi Precious <input type="checkbox"/> Non Precious <input type="checkbox"/> Zirconia <input type="checkbox"/> High End Zirconia <input type="checkbox"/> E-Max <input type="checkbox"/> Other |
|---|---|--|

Special Instructions: FOLLOW DESIGN ON MODEL

DOCTOR'S SIGNATURE _____

DATE _____