Academy of General Dentistry

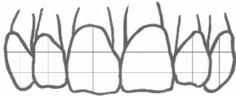
cornerstone dental labs
CONSISTENTLY MAKING SMILES

Doctor AGD LICENSE #:

OFFICE LOCATION:

PATIENT NAME:

DELIVERY BY 5PM ON:

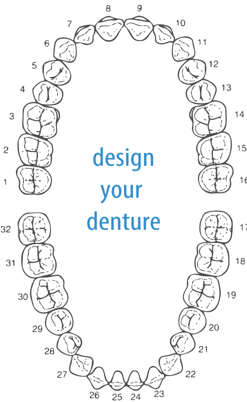


TEETH NUMBERS

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 3 30 29 28 27 26 25 24 23 22 21 20 19 18 17

STUMP SHADE

FINAL SHADE



- ☐ Call before starting case
- ☐ REMAKE/ORIGINAL work enclosed
- ☐ PHOTOS - email to photos@cornerstonedl.com

☐ PFM

- ☐ base
- ☐ noble
- ☐ high noble
- ☐ e.max
- ☐ cut back e.max
- ☐ layered zirconia
- ☐ full contour zirconia

☐ DENTURE

- ☐ full denture
- ☐ partial denture
- ☐ framework only
- ☐ set up
- ☐ finish
- ☐ complete
- ☐ acrylic
- ☐ flexible

special instructions:

DENTIST SIGNATURE REQUIRED

X

Person signing this work form accepts sole responsibility/and business is responsible for payment, agrees to pay all legal and collection fees, even in event of lawsuit.
All account(s) payments are due by date indicated on monthly statement.
Any account not paid within stated terms will be subject to COD account status and a 1.5% NON-REFUNDABLE late charge per month.

date license #

Please Send:

- ☐ RX's
- ☐ Boxes
- ☐ Labels

1800 byberry rd. suite 800 huntingdon valley, pa 19006 877.355.9777 or 215.293.9760 www.cornerstonedl.com