



# DESIGNER DENTAL LAB

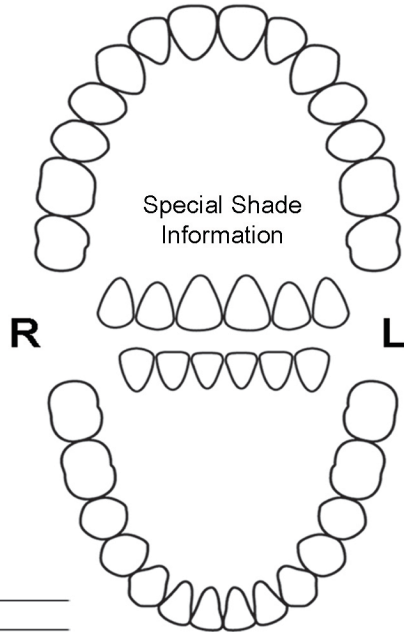
2720 Riverside Dr. • Bassett, VA 24055  
P.O. Box 1234 • Bassett, VA 24112  
(276) 629-2866

Invoice #: \_\_\_\_\_

<input type="checkbox"/> PHONE ME REGARDING THIS CASE	<input type="checkbox"/> SEND ADDITIONAL
<input type="checkbox"/> SPECIAL INSTRUCTIONS ON FILE	<input type="checkbox"/> RX FORMS
<input type="checkbox"/> NEW ACCOUNT	<input type="checkbox"/> MAILING LABELS
<input type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> SHIPPING SUPPLIES
<input type="checkbox"/> SEND LAB SERVICES PACKET	

Doctor \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Patient Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
 Date Shipped \_\_\_\_\_ Date Needed \_\_\_\_\_  
 Try-In Date and Time *(If Needed)* \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

Shade:	Stump Shade:
	Occl. Stain:



### Case Information:

- E-MAX
- Layered E-MAX
- FCZ
- PFZ
- Other

### SPECIAL INSTRUCTIONS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dr. Signature: \_\_\_\_\_ License Number: \_\_\_\_\_

White – Original      Yellow – Lab Copy      Pink – Doctor's Copy



# DESIGNER DENTAL LAB

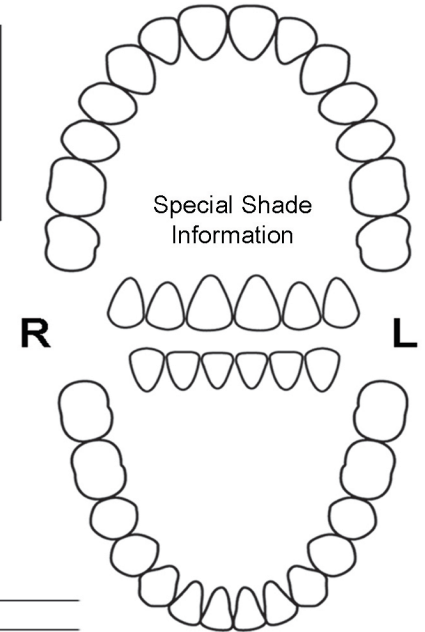
2720 Riverside Dr. • Bassett, VA 24055  
P.O. Box 1234 • Bassett, VA 24112  
(276) 629-2866

Invoice #: \_\_\_\_\_

<input type="checkbox"/> PHONE ME REGARDING THIS CASE	<input type="checkbox"/> SEND ADDITIONAL
<input type="checkbox"/> SPECIAL INSTRUCTIONS ON FILE	<input type="checkbox"/> RX FORMS
<input type="checkbox"/> NEW ACCOUNT	<input type="checkbox"/> MAILING LABELS
<input type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> SHIPPING SUPPLIES
<input type="checkbox"/> SEND LAB SERVICES PACKET	

Doctor \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Patient Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
 Date Shipped \_\_\_\_\_ Date Needed \_\_\_\_\_  
 Try-In Date and Time *(If Needed)* \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

Shade:	Stump Shade:
	Occl. Stain:



### Case Information:

- E-MAX
- Layered E-MAX
- FCZ
- PFZ
- Other

### SPECIAL INSTRUCTIONS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dr. Signature: \_\_\_\_\_ License Number: \_\_\_\_\_

White – Original      Yellow – Lab Copy      Pink – Doctor's Copy