

# Designer Dental Lab & Supply, LLC

## Ship Models or Impressions to:



### Designer Dental Lab & Supply, LLC

2720 Riverside Drive  
Bassett, VA 24055  
(276) 629-2866

DesignerDentalLab@yahoo.com

## Shipping Information:

\* Doctors Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

\* Date: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\* Email: \_\_\_\_\_ (For Sales Receipts)

\* Patient Name: \_\_\_\_\_

\* Date Needed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Processing time is 5 business days from the day received)

## PRODUCTS & SERVICES

### Indirect Bonding Trays

(Includes Brackets & Trays)

- ☐ Full Patient Tray Set
- ☐ Upper Patient Tray Only
- ☐ Lower Patient Tray Only

When sending impressions. Only send PVS (polyvinyl siloxane), all alginate impressions should be poured in stone before shipping. Unless otherwise noted, cases will be bracketed from 1st molar to 1st molar with aesthetic composite brackets provided by us with .022 x .28 slot size and Roth angulations. Stainless steel buccal tubes of the same slot size and angulation will be used for 1st molars. All other hardware, wires, ligature ties, elastics etc, must be ordered from a separate orthodontic supply company such as G & H Wire Company.

Case Processing Time is 5 Business Days From Time Received! (Does not include shipping times)

### Retainers

- ☐ Bonded Retainers
- ☐ Upper Lingual Bonded Retainer
- ☐ Lower Lingual Bonded Retainer
- ☐ Essix Retainers (set)
- ☐ Upper Essix Retainer
- ☐ Lower Essix Retainer

### Extras

- ☐ 3 Days Rush Processing (\$50.00)
- ☐ Overnight Shipping (\$50.00)

**Special Requests for Case:** Brackets will be centered on current crowns unless otherwise directed

**Worn Teeth:** If any wear is present on anterior teeth more than 0.5mm and needs to be considered for proper alignment, please list below:

### Payment Information: (credit card number required)

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Dr. Signature: \_\_\_\_\_

License Number: \_\_\_\_\_