

**T- Squared Dental Laboratory LLC**  
103 2<sup>nd</sup> Ave NE, Cullman, Alabama 35055  
(256) 747-5364

Dr.'s Name \_\_\_\_\_ License# \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone# \_\_\_\_\_  
Patient \_\_\_\_\_ Date Wanted \_\_\_\_\_  
Male \_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Tooth# \_\_\_\_\_ Shade \_\_\_\_\_  
Need Supplies: Boxes \_\_\_\_\_ RX's \_\_\_\_\_ Other \_\_\_\_\_

Enclosed With Case:

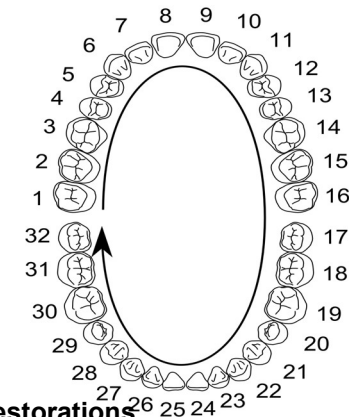
Bite \_\_\_ Impression \_\_\_ Models \_\_\_ Photos \_\_\_ Other \_\_\_

RX'S Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Fixed Restorations**

(Please check or circle item(s) for fabrication)

**Removable Restorations**

<u>All Ceramic</u>	<u>Porcelain to Metal</u>	<u>Full Cast</u>	<u>Pontic Design</u>	<u>Buccal Margin</u>
___ Zirconia	___ NP	___ NP	___ Sanitary	___ PBM
___ Layered Zirconia	___ Nobel	___ Nobel White	___ Bullet	___ PJM
___ CZR	___ High Nobel	___ Nobel E Gold	___ Off Tissue	___ Hairline
___ IPS Emax	___ Metal Occlusal	___ High Nobel	___ Buccal only	___ 360mm
___ IPS Empress		___ Post & Core	___ Lingual	

<u>Full Denture</u>	<u>Flexible Dentures</u>	<u>Sports Guard</u>
___ Premium	___ Complete Valplast	___ Single color
___ Economy	___ Complete Duraflex	___ Multi-color
___ Setup/Try in	___ 1-3 Teeth Try in	
___ Denture Process	___ 4-9 Teeth Try in	
___ Bite Rim	___ Partial Process	
___ Custom Tray		

**\*Payment is due upon receipt of statement. Total statement amount due by the 10<sup>th</sup> day of month. All past due invoices will be assessed a finance charge and/or collection fees.**

**Signature indicates agreement to terms.**