GUIDE TO FILLING OUT TECHNIC DENTAL'S LAB SLIPS

OFFICE USE DATE WANTED Technology That Produces □ AM □ PM Please specify the date the case 11555 West 183rd Place, Suite A • Orland Park, IL 60467 is to be returned. Indicate if you Phone (708) 479-1212 • Fax (708) 479-7168 • Toll Free (866) 799-3939 www.TechnicDentalLab.com need the case in the AM (delivered by 12:00pm) or PM (delivered by 5:00pm). If the Address patient has an AM appointment, it is recommended that you ask City _ to receive the case the day Patient's Name_ before or SPECIFY the time of the appointment. PLEASE NOTE: Our drivers begin at SHADE 9am. Every case MUST include the ☐ Tapering ☐ Male ☐ Female Square ☐ Vigorous Square Tapering

Please fill out ALL information here accurately. If you have two or more practices, please indicate which address. The office or doctor's name that appears here will be the one to receive the case and the invoice.

shade, unless other arrangements have been made with our lab. If we do not have a shade indicated, a longer turnaround time can occur.

INSTRUCTIONS

Please be specific when writing instructions. Include ALL information that may be useful or pertain to the fabrication of the case. Also include any special instructions or preferences in this space.

If you are running low on Technic Dental Lab supplies, please check the appropriate box and we will bring those supplies on our next trip to your office.

DO YOU NEED? - Mailing Boxes □ Work Order Forms □ DOCTOR'S SIGNATURE LICENSE NO. Date Terms: Net 30 Days 2% Service Charge / Over 30 Days COST OF COLLECTION OF ANY ACCOUNT WILL BE PAID BY THE CUSTOMER



We kindly ask that you include your signature, license number, and date the lab slip was written.