

DATE WANTED

TECHNIC

 AM  PMTechnology That Produces  
Shining Results**Technic**  
Dental Lab

OFFICE USE

11555 West 183rd Place • Orland Park, IL 60467

Phone (708) 479-1212 • Fax (708) 479-7168 • Toll Free (866) 799-3939

www.TechnicDentalLab.com

Dr. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Patient's Name \_\_\_\_\_ Age \_\_\_\_\_

SHADE \_\_\_\_\_



Shade Blend



Max

Right

Left



Mand

Left

Right

 Square  
 Square Tapering Tapering  
 Ovoid Male  
 Vigorous Female  
 Soft**INSTRUCTIONS**

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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