

Lab Use
Case
Received

File: _____

Lab Use (Pan #)



N. T. Dental Corporation

6233 Executive Boulevard • Rockville, MD 20852

Phone: 301-907-6858 • Fax: 301-907-6817

dentallab@ntdentalcorp.com

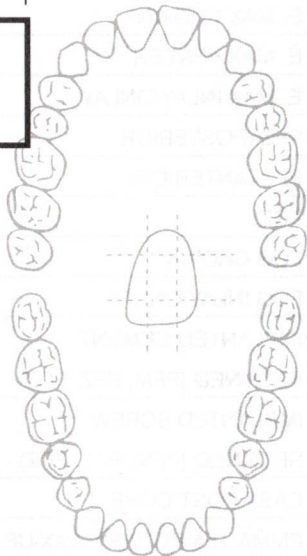
Doctor	Phone	Due date:	Time:
Address		Lab Use	
Patient			
Age () Sex M or F			

Products PFZ FCZ E. Max PMMA Nightguard Hard/Soft Essix Retainer
 Material Base Noble High Noble Lava Ultimate Astron Splint Bleaching Trays
 3D Bio Splint

Crown & Bridge Specifications	Custom Abutment																																
<u>Staining:</u> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> None <input type="checkbox"/> <u>Occlusal Clearance:</u> Light <input type="checkbox"/> Full <input type="checkbox"/> Out <input type="checkbox"/> <u>Contacts:</u> Standard <input type="checkbox"/> Broad <input type="checkbox"/> Point <input type="checkbox"/>	Implant Company: _____ Platform: _____ CAD/CAM <input type="checkbox"/> Authentic <input type="checkbox"/> Cement Retained <input type="checkbox"/> Abutment Abutment Screw Retained <input type="checkbox"/>																																
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SHADE
STUMP SHADE

Product (Lab Use)



Terms and Conditions

Payment is due upon receipt of monthly statement no later than the last day of the month. All past due balances will accrue a late service charge fee of 2%. Any collection or legal fees related to a past due balance will be paid by the customer.

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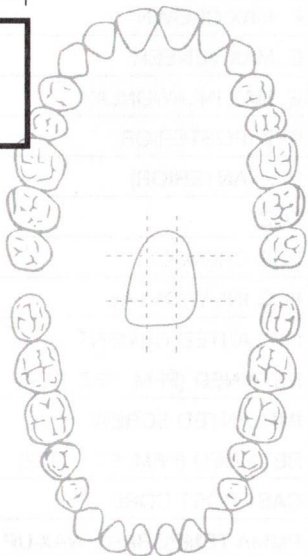
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