



# PETERMAN DENTAL LAB

4950 LINBAR DRIVE • NASHVILLE, TN 37211  
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## REMOVABLES

Doctor \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 Patient \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
 Shade \_\_\_\_\_ Finish Date \_\_\_\_\_ Try-In \_\_\_\_\_

- Repair
- Reline
- Custom Tray
- Bite Block
- Set up for Try-in
- Reset
- Process and Finish
- Set up and Finish
- Ivocap Injection Process
- Immediate Teeth # \_\_\_\_\_
- Cast Frame - Try-in
- ClearFrame™
- Valplast® - Try-in
- Acrylic Partial - Try-in
- Wrought wire clasps
- Ball Clasps
- Thermoguard™ - NightGuard
- Acrylic Night Guard
- Soft Night Guard
- Hard/Soft Night Guard
- Athletic Mouth Guard
- Surgical stent vacuum
- Surgical stent acrylic

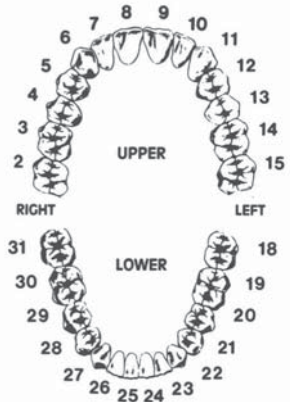
**Please send:**

- Rx Pad Removables
- Rx Pad C & B
- Shipping Labels
- Mailing Boxes

**Teeth:**

- Basic
- Premium
- Other \_\_\_\_\_

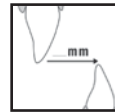
Please Design Case Here



- NTI-tss Plus™ Migraine Therapy Set  
(NTI-tss Plus and NTI-tss Plus Daytime)
- NTI-tss Plus™ Nighttime
- NTI-tss Plus™ Daytime

**Measurements:**

- Maximum Protrusive  
Measurement \_\_\_\_\_ mm



Enclose full arch silicone impressions or full arch models and a bite

Instructions \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ License No. \_\_\_\_\_

Net amount of invoice is due within 30 days of receipt of order; all balances beyond 30 days are subject to a Finance Charge. I agree to pay reasonable attorney's fees and collection costs if this account is referred for collection.