



PETERMAN DENTAL LAB

4950 LINBAR DRIVE • NASHVILLE, TN 37211
615.331.1670 • 800.476.1670 • FAX 615.331.5895

CERTIFIED
DENTAL
LABORATORY



Doctor _____ Date _____

Address _____

City / State / Zip _____

Patient _____ Sex _____ Age _____

Finish Date Wanted _____ Try-In _____

Shade: _____ **Metal:** Precious Semi-Precious Non-Precious

Facial Metal Collar: Yes No **Occlusal Rest:** M D

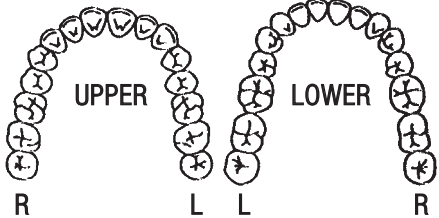
Ridge Relief: None Slight Medium Heavy

Pontic Design:

Part Ridge No Ridge High Water Bullet Other



Design:



Characterization:



Please send study models on all anterior cases.

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.