



The Portland Dental lab

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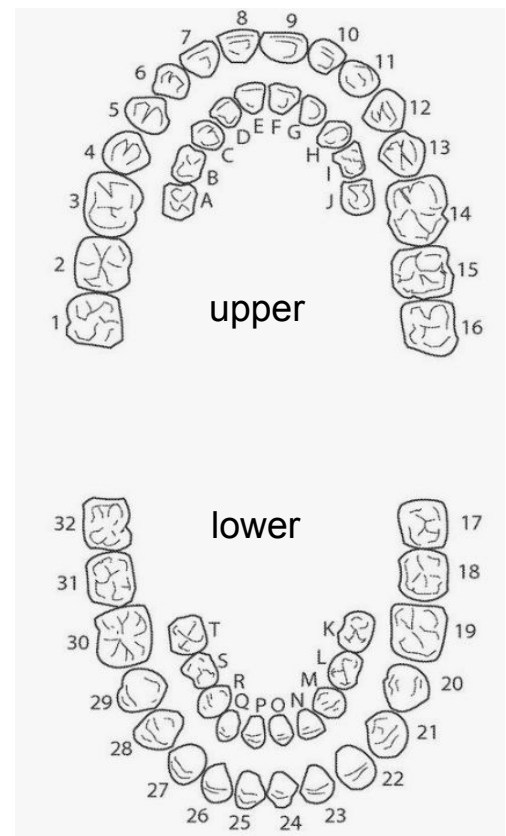
Date: _____

Patient Name: _____

Shade: _____

Due Date: _____

Instructions:



Try-in _____ Finish _____ Repair _____ Reline _____ Bite rims _____

Other _____ Hard Night Guard _____ Hard/Soft Night Guard _____

Ortho Appliance color standard _____ Ortho Appliance color custom _____

Please select:

_____ I would like a call about case

_____ I have sent in pictures

Dr Signature _____

Dr License _____

Terms: Net 30 days. **Late charge:** A penalty for late payment of 1.5% per month (18% per annum) will be added to all accounts 30 days past due