



**Qualident**  
DENTAL LAB, LLC

5305 E 18th Street, Suite 100  
Vancouver, WA 98661  
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DOCTOR'S NAME		TYPE OF METAL		MOLD	
ADDRESS		<input type="checkbox"/> NOBLE			
		<input type="checkbox"/> HI-NOBLE			
CITY / STATE / ZIP		SET-UP STYLE		RACE _____	
PATIENT'S NAME (PLEASE PRINT)		<input type="checkbox"/> DELICATE		AGE _____	
		<input type="checkbox"/> MEDIUM		SEX _____	
		<input type="checkbox"/> VIGOROUS		SHADE	
		TIME			
TODAY'S DATE	____/____/20____	RETURN DATE	____/____/20____	<input type="checkbox"/> AM	<input type="checkbox"/> TRY-IN
				<input type="checkbox"/> PM	<input type="checkbox"/> FINISH
<b>Rx</b>		CASE DESIGN			
<b>Please call Dr. _____</b>					
NUMBER	17007	SIGNATURE	LICENSE NUMBER		

**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.