

Evans Dental Laboratory

4547 Brainerd Road
Chattanooga, TN 37411
(423) 698-5642 • Fax: (423) 698-0617
evansdentallab@outlook.com



Doctor's Name _____ Date & Time Requested _____

Patient's Name _____ Date Sent _____

Male/Female _____ Facial Shape _____ Age _____ Mold _____ Shade _____

Removables	Cast Partials
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- ☐ Custom Tray
- ☐ Bite Rim
- ☐ Set-up & Try-in
- ☐ Process & Finish
- ☐ Set-up & Finish (Immediate)
- ☐ Ivocap Injection

Measurements:

- ☐ Alma Gauge V _____ H _____
- ☐ Papillameter H _____ L _____

Non-Metal Partials:

- ☐ Acrylic Partial
- ☐ Flexible Partial

Implants:

- ☐ Brand _____ Size _____

Teeth:

- ☐ BlueLine
- ☐ Vita
- ☐ Portrait
- ☐ Economy (MFT)
- ☐ Other

Digital

- ☐ Digital Denture Try In
- ☐ Digital Denture Finish
- ☐ Digital Immediate Denture
- ☐ Keysplint Night Guard

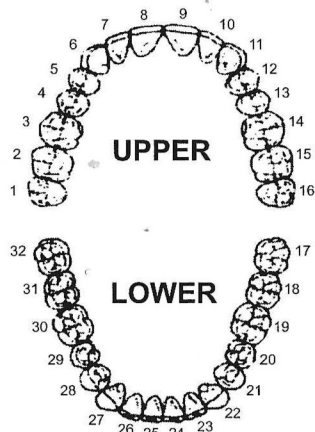
- ☐ Framework Only
- ☐ Framework w/ Bite Rim
- ☐ Framework w/ Teeth in Wax
- ☐ Framework w/Teeth in Acrylic

Relines/Repairs

- ☐ Reline (Hard/Soft)
- ☐ Repair (Describe Below)

Nightguards

- ☐ Hard
- ☐ Soft
- ☐ Dual Laminate
- ☐ Erko-Pro



Terms: The Truth-in Lending Law requires us to advise you of our Credit Policy. Balance is due and payable by the 15th of the month following month of purchase. A service charge of 1.5% per month (annual rate of 18%) will be applied to any unpaid balance. Any legal fees or other costs required to collect any unpaid balance will be charged to the customer. Accounts late beyond 30 days will automatically be placed on C.O.D.

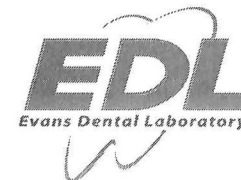
WE NEED: ☐ PRESCRIPTION FORMS

Signature of Dentist _____

Licensed No. _____

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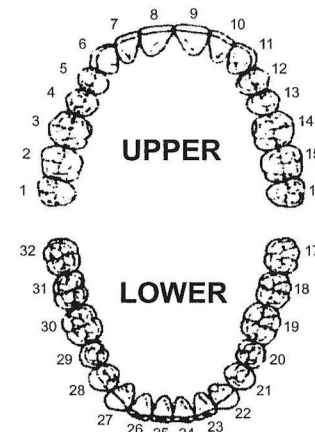
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