



800-235-4720

www.pittmandental.com

2355 Centennial Circle, Gainesville, GA 30504-5799 U.S.A.  
Phone: 770-534-4457 Fax: 770-503-1173

Date \_\_\_\_\_  
 Doctor ID \_\_\_\_\_  
 Doctor(print) \_\_\_\_\_  
 License # \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Patient Name \_\_\_\_\_  
 Sex \_\_\_\_\_  
 Age \_\_\_\_\_  
 Acrylic Shade \_\_\_\_\_  
 Tooth Shade \_\_\_\_\_

\*Expected Return Date:



Supply Request click here  
or  
[www.pittmandental.com/supply-request](http://www.pittmandental.com/supply-request)

**Denture and Appliance Fabrication**

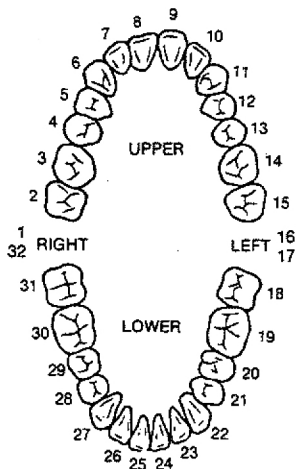
- Premium
- Standard
- Economy
- Custom Try
- Bite Blocks
- Variflex Hard / Soft Night Guard (self adjusting)
- ema® Snoring & Sleep Apnea Appliance
- Process to Completion
- Try-in with Teeth
- Reline
- Rebase
- Hard Night Guard
- Soft Night Guard
- MAPA Appliance
- Comfort Soft Guard

**Partial Fabrication**

- All Acrylic Partial
- Cast Framework
- Karadent/Valplast/TCS
- Process to Completion
- Try-in iwith Teeth
- Flexible Pink Clasps
- Flexible Clear Clasps
- Tooth Colored Clasps
- Wrought Wire Clasps
- Cusil

**Implants**

- Overdenture Attachments
- Mini Dental Implants
- Try-in Jig
- Milled Titanium Bar Overdenture
- Milled Hybrid
- Titanium
- Zirconia



All accounts due and payable by the 10th of each month. Late charges of 1½% per month charged from the date due on amount unpaid over 30 days from date of statement. Customer agrees to pay the lab's cost of collection, including attorney's fees. Georgia law shall apply hereto.

Doctor Signature: \_\_\_\_\_ Date \_\_\_\_\_

**LAB USE ONLY**

Date	Work to be Done	Tech	Time and From Dept.	To Dept.	Mgr.

**Comments:**  
 \* "Expected Return Date" must fall within the "In Lab Working Time" guidelines.  
 In Lab Working Times - <https://www.pittmandental.com/publications>

**Case Delivery Address:** \_\_\_\_\_ **Tracking #:** \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Attention: \_\_\_\_\_ Phone: \_\_\_\_\_ **1**

CASE # \_\_\_\_\_

**LAB USE ONLY**

PAN # \_\_\_\_\_

Date	Work to be Done	Tech	Time and From Dept.	To Dept.	Mgr.

**LAB USE ONLY**

Removeable Check in/ Code form:

Doctor: \_\_\_\_\_

Patient: \_\_\_\_\_

Date: \_\_\_\_\_

**Received From Doctor:**

**Codes:**

- Articulator \_\_\_\_\_
- Articulator Case \_\_\_\_\_
- Attachments \_\_\_\_\_
- Bite \_\_\_\_\_
- Bite Block \_\_\_\_\_
- Cast Partial Framework \_\_\_\_\_
- Clear Retainer Complete \_\_\_\_\_
- Denture Finish Complete \_\_\_\_\_
- Denture Waxup Crown \_\_\_\_\_
- Custom Tray \_\_\_\_\_
- Dupe Model \_\_\_\_\_
- Extra Denture Teeth \_\_\_\_\_
- Extra Dies \_\_\_\_\_
- Face Bow \_\_\_\_\_
- Hader Bar \_\_\_\_\_
- Implant parts \_\_\_\_\_
- Impression \_\_\_\_\_
- Jigs \_\_\_\_\_
- Night Guard \_\_\_\_\_
- Master Model \_\_\_\_\_
- Opposing Model \_\_\_\_\_
- Partial Finish \_\_\_\_\_
- Partial Waxup \_\_\_\_\_
- Study Model \_\_\_\_\_
- Tissue Model \_\_\_\_\_

**MISC:**

Received	Internal Reference 1	Internal Reference 2	Final QC	Shipped
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