Doctor Name _____
Address _____
City _____ State _____
Zip Code _____
Contact #_____
Contact before starting case ☐

SOUTHERN DIGITAL
6743 Ringgold Rd. Ste I
Chattanooga, TN 37412
(423)242-3658
SouthernDigitalLab.com
southerndigitallab
@outlook.com

Patients Name _____
Patients Age _____ Sex M F
Standard Return Schedule ☐
Patient will be scheduled once case is received
Rush ☐ Rush Appt. Date _____
Rush cases must be approved by lab prior to sending

Digital Dentures

☐ Maxillary ☐ Mandibular

☐ Immediate ☐ Premium
☐ Long Term Printed Try-In ☐ Standard

☐ Custom Tray ☐ Design Only
☐ Bite Rim
☐ Digital Try-In*
☐ Reset
☐ Process and Finish

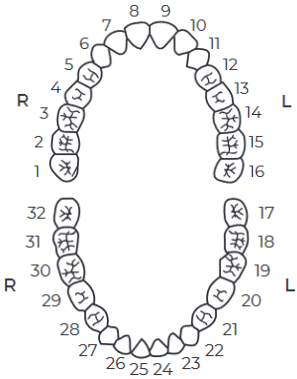
**Limited Shades Available for Printed Try-in Denture*

☐ Smooth Finish ☐ Stippled Finish

Partials

☐ Acrylic Partial
☐ Flipper Partial
☐ Flex Partial
☐ Cast Partial

Tooth Information



Tooth Mold _____
Tooth Shade _____

Bite Guards

☐ KeySplint Soft Flat Plane ☐ Essix
☐ KeySplint Soft w/Ramp ☐ Essix w/ Tooth
- Ramp Type _____

☐ Design Only

Additional Services

☐ Custom Tray ☐ Bleaching Tray
☐ Bite Rim ☐ Copy Denture
☐ Scan current denture for bite rim/custom tray ☐ Printed Model
☐ Design Only Service _____

Additional Instructions

Dr. Signature _____ License # _____

All invoices are due in full by the 15th of the month following the month of purchase. If not paid, a 2% late fee per month will be applied. If not paid within 60 days, attorney fees, collection costs and continued interest will be added and the account will be placed on COD.