



131 Lyon Lane • Birmingham, AL 35211 • 800-624-5301 • 205-916-0887
info@burdettedental.com • www.burdettedental.com

Doctor Name: _____ Phone Number: _____

Email: _____

Patient Name: _____ Patient Age: _____ Gender: M F

Deliver case before appointment.

Deliver case based on lab capacity.

Date: _____ by 5 P.M.

(Patient will be appointed after receiving case)

Instructions



\$339 Complete FlexFit™ Clear & Shaded

*Price per case up to 10 cases.

\$339 Complete on
FlexFIT™ Clear & Shaded

Need Supplies?

- Boxes
- Bio Bags
- FedEx Shipping Labels
- RX Forms
- Other: _____

Enclosed with Case

- Impression Triple Tray
- Study Model Opposing
- Bite
- Photos
- Other: _____

Shade Instructions

Shade: _____



Signature: _____

License #: _____ Date: _____ Expires: **12-31-21**

Payment is due upon receipt of statement. Total statement amount due by the end of the month. All past due invoices will be subject to a finance charge and/or collection fees. The undersigned is responsible both corporately and personally. Your signature is acceptance of these terms.

For Lab Use Only

Contact/LMOM: _____ Date: _____

RE: _____

Result: _____

Initial: _____

Terms & Policies

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