



Ting Orthodontic Lab, Inc.

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Doctor: _____

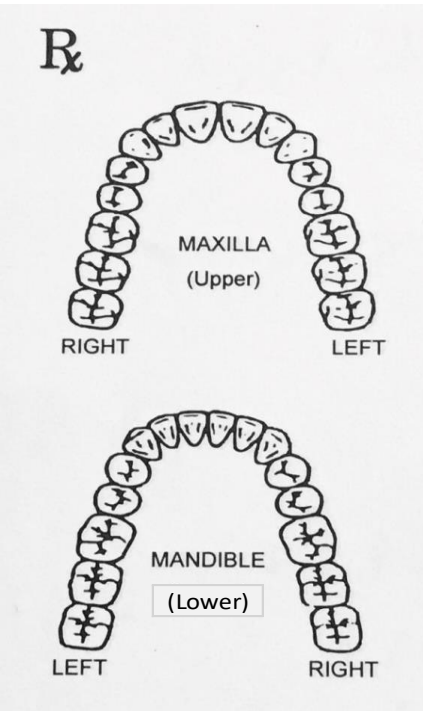
Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ Email: _____

Patient Name: _____ Date Sent: _____ Date Needed: _____

INSTRUCTIONS



3D Scan sent via iTero: YES or Will send

Acrylic Color: Pink

Clear

Pontic Shade:

RX Special Instructions below:

* You can send a Lab Slip via email to Tingdental@yahoo.com

Signature: _____

License # _____