



2123 N 1<sup>st</sup> Avenue, Suite A1, Whitehall, PA 18052  
(610) 435-3231  
allentowndentallab@gmail.com

Thank you for choosing the Allentown Dental Lab. We are so excited to begin working with you. Our lab prides ourselves in dedication to quality work and client satisfaction. We strive toward perfection because we believe you, and ultimately patients, deserve nothing less.

We currently specialize in fabricating TAP 3® oral appliances for sleep apnea. We provide thermacryl and triple laminate linings.

Typical turn-around time is 14 business days back in your office (upon our receipt of your case).

Rush services are available and can be arranged with our lab directly.

Before we can begin, we ask that you create an account with our lab. A credit card (Visa, Discover, MasterCard, AMEX) is required to keep on file unless otherwise arranged. Please note the card you provide will be charged for each case and payment confirmation will be sent via email

The following important information is required to begin an account:

Doctor Name: \_\_\_\_\_ Dental License #: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Email Address \_\_\_\_\_

or Fax: \_\_\_\_\_

Visa \_\_\_\_\_  
Mastercard \_\_\_\_\_ (credit card number) \_\_\_\_\_ (expiration date) \_\_\_\_\_ (security code back of card)  
Discover \_\_\_\_\_  
AMEX \_\_\_\_\_

I, \_\_\_\_\_, hereby give Allentown Dental Lab authorization to  
(credit card holder signature)

**retain my credit card information and charge my card for lab services provided.**

*PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS*

Email to [allentowndentallab@gmail.com](mailto:allentowndentallab@gmail.com)

