

DENTCA Partner Lab Application

Sign and return this completed application via fax (424) 558-8738 or email to billing@dentca.com

Practice Information

Laboratory Name: _____

Owner Name: _____

Address: _____
Street Address Suite #

City State ZIP Code

Phone: _____ Fax: _____

Email: _____ Website: _____

How many employees? _____ How many arches per year? _____

Are you a new or existing Carbon customer? Yes No

Required Equipment

<ul style="list-style-type: none"> 3D Printer (DENTCA Approved) 	<ul style="list-style-type: none"> Laboratory Scanner (DENTCA Approved)
<ul style="list-style-type: none"> Windows computer + compatible DENTCA printing software 	<ul style="list-style-type: none"> DENTCA Base and Teeth Resin
<ul style="list-style-type: none"> UV curing unit (DENTCA Approved) 	<ul style="list-style-type: none"> Basic Denture polishing equipment

Acknowledgement

I certify that the information contained in this application is complete and correct. I understand that DENTCA Partner Labs are owned and operated by individual licensed laboratories and that DENTCA has the right not to authorize applicants. I understand and acknowledge that my laboratory will need to acquire the minimum DENTCA Approved equipment and materials prior to gaining full certification. DENTCA has the right to terminate certification at any time for any reason. Prices and product specifications are subject to change without notice. Other restrictions may apply.

Authorized By (please print): _____ Title: _____

Signature: _____ Date: _____