



TC Dental Laboratory, Inc.

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Invoice To

Smiles Dental (Salem, OR)

2245 Mission Street, Suite 100
Salem, OR 97302



Account #:

1883

Doctor:

Grant Smith

Patient:

Linda Maisel

Tooth Number:

5,28-31

Shade:

5M2

INVOICE

Invoice Date:

5/20/2025

Invoice Number:

252-487

Ship Date:

5/26/2025

Due Date:

5/27/2025

ITEM DESCRIPTION	UNIT PRICE	QUANTITY	TOTAL
D2740 Full Zirconia Crown Posterior	\$ 89.00	5.00	\$ 445.00

Note	SUB TOTAL	\$ 445.00
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CUSTOMER SATISFACTION SURVEY

The Comment section are sent to you in the interest of improving our service. Your comments and suggestion are appreciated.

Patient Name: Linda Maisel

Doctor Name: Grant Smith

SEATING TIME:

Expected: _____ min

Actual: _____ min

Instructions Followed

☐ Yes

☐ No

FIXED PROSTHETICS

Fit

Tight

☐

☐

Good

☐

☐

Loose

☐

Shade

Dark

☐

☐

Good

☐

☐

Light

☐

Bite

High

☐

☐

Good

☐

☐

Short

☐

Contact

Tight

☐

☐

Good

☐

☐

Open

☐

Margins

Over Ext.

☐

☐

Good

☐

☐

Short

☐

Anatomy

Too Much

☐

☐

Good

☐

☐

Too Little

☐

REMOVABLE PROSTHTICS

Periphery

Over Ext.

☐

☐

Good

☐

☐

Under Ext.

☐

Occlusion

High

☐

☐

Good

☐

☐

Short

☐

Fit

Tight

☐

☐

Good

☐

☐

Loose

☐

Esthetics

Excellent

☐

☐

Good

☐

☐

Poor

☐

ADDITIONAL COMMENT:

Thank you for your business!