

# LMT ADDRESS CHANGE REQUEST

DATE: \_\_\_\_\_

## Old Information

NAME: \_\_\_\_\_

LAB NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

## New Information

NAME: \_\_\_\_\_

LAB NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### CIRCLE ONE FOR EACH HEADING

**COMPANY:**

- (1) Dental Laboratory
- (2) Dental Office Lab
- (3) Dental Office
- (4) Lab/Dental School
- (5) Dental Dealer/  
Supplier
- (6) Manufacturer/  
Ad Agency
- (7) Other

**TITLE:**

- (1) Owner
- (2) Manager
- (3) Dept/Head Tech
- (4) Technician
- (5) Denturist
- (6) Instructor
- (7) Dentist
- (8) Student
- (9) Manufacturer/  
Supplier Sales Rep
- (10) Other

**LAB TYPE:**

- (1) Full Service
- (2) Crown & Bridge
- (3) All Ceramic
- (4) Milling Center
- (5) Implant
- (6) Dentures
- (7) Partial Dentures
- (8) Orthodontic
- (9) Other

**EMPLOYEES:**

- (1) 1
- (2) 2
- (3) 3-5
- (4) 6-11
- (5) 12-15
- (6) 16-20
- (7) 21-50
- (8) Over 50

**SALES VOLUME:**

- (1) Under \$250,000 (2) \$250,000-\$500,000 (3) \$500,000-\$750,000 (4) \$750,000 - \$1 Million  
(5) \$1 Million - \$2 Million (6) \$2 Million - \$5 Million (7) Over \$5 Million