



DENTAL TEMPS, LLC

Please make a copy for your records. If you require dental placement in less than 48 hours please call with your request. If you are giving notice 48 hours or more in advance please feel free to use this request form. Please fax a copy to both offices (860) 367-0844 and (860) 887-3657.

DENTAL PLACEMENT REQUEST FORM

Date Order Placed:	
Name of Office Requesting Temp:	
Address:	
Telephone:	
Fax:	
Contact Name:	

Please Specify: Hygienist Assistant Front Desk	Dates:	Time: (Time you would want temp to arrive and depart from your office.)	Location:

Dental Temps, LLC
 189 Fitch Hill Road
 Uncasville, CT 06382
 Phone (860) 367-0843/(860) 887-1506
 Fax (860) 367-0844/ (860) 887-3657
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