

Document Engine
2701 Gattis School Rd
Suite B-103
Round Rock, TX 78664
ph: 512-310-8228 fax: 512-238-0472

Order Form

PROJECT: Dr Gentry DDS

Indicate sheets required on next page

BUSINESS NAME:

(required)

CONTACT PERSON:

(required)

STREET ADDRESS:

(required)

CITY, STATE, ZIP:

(required)

TELEPHONE:

(required)

FAX:

(required)

E-MAIL ADDRESS:

(required)

BUILDING / TRADE:

(required)

Credit Card #

(optional)

Expiration Date

(optional)

FedEx or UPS Account #

(circle one) (optional)

Please return to: Fax: 512.238.0472

FOR OFFICE USE

Invoice completed _____

Planholder list updated _____

Indicate what you wish to order below and fax in with the information sheet above.

Complete set of plans

sheetID	description
<input type="checkbox"/>	T-CS Project Cover Sheet
<input type="checkbox"/>	TS1-1 Architectural Site Plan
<input type="checkbox"/>	T1-1 Reference Floor Plan
<input type="checkbox"/>	T1-2 Dimension Floor Plan
<input type="checkbox"/>	T1-3 Floor Finish Plan, Reflected Ceiling Plan
<input type="checkbox"/>	T2-1 Milwork, Interior Elevations
<input type="checkbox"/>	T2-2 Milwork, Interior Elevations
<input type="checkbox"/>	T3-1 Wall Details
<input type="checkbox"/>	T4-1 Sections & Details
<input type="checkbox"/>	T4-2 Sections & Details
<input type="checkbox"/>	T5-1 Owner Equipment Plan
<input type="checkbox"/>	T6-1 Texas Accessibility Plan
<input type="checkbox"/>	T6-2 T.A.S. Details
<input type="checkbox"/>	TDES Dental Equipment Specifications
<input type="checkbox"/>	M-1.0 Mechanical Plan
<input type="checkbox"/>	M-2.0 Mechanical Notes, Details, & Schedules
<input type="checkbox"/>	P-1.0 Plumbing Plan
<input type="checkbox"/>	P-2.0 Plumbing Risers, Notes Schedules, and Details
<input type="checkbox"/>	P-3.0 Dental Air/Vacuum Piping Riser Diagrams
<input type="checkbox"/>	E-1.0 Lighting Plan
<input type="checkbox"/>	E-1.1 Power Plan
<input type="checkbox"/>	E-2.0 Electric Riser, Notes, Schedules and Details