

Todays Date:	Due Date:	DON'T SCHEDULE PATIENT ON THIS DAY
---------------------	------------------	---

Doctors Name:

Patients Name:

CAST PARTIAL		
<input type="checkbox"/> Vitallium	<input type="checkbox"/> Ibar Partial	<input type="checkbox"/> Lingual Bar Tissue Contact
<input type="checkbox"/> Chrome	<input type="checkbox"/> Akers Partial	<input type="checkbox"/> Stress Breaker
<input type="checkbox"/> Gold	<input type="checkbox"/> Attachment	

REMOVABLE RESTORATIONS		
<input type="checkbox"/> Full Denture	<input type="checkbox"/> Talon Splint	<input type="checkbox"/> Surgical Stent
<input type="checkbox"/> Valplast Partial	<input type="checkbox"/> Soft Nightgaurd	<input type="checkbox"/> Essix Retainer
<input type="checkbox"/> Acrylic Stayplate	<input type="checkbox"/> Hard Soft Nightgaurd	

CROWN & BRIDGE	MATERIAL USED	
<input type="checkbox"/> Crown	<input type="checkbox"/> Zirconia	<input type="checkbox"/> Yellow Gold 40%
<input type="checkbox"/> PFM Crown	<input type="checkbox"/> e. Max	<input type="checkbox"/> Yellow Gold 60%
<input type="checkbox"/> Provisional Crown	<input type="checkbox"/> Feldspathic	<input type="checkbox"/> Semi-Precious
<input type="checkbox"/> PFM Bridge	<input type="checkbox"/> Composite	<input type="checkbox"/> Precious
<input type="checkbox"/> PFM Maryland Bridge		

TYPE	TOOTH #	FULL ARCH / HYBRID	
<input type="checkbox"/> Full		<input type="checkbox"/> PMMA	<input type="checkbox"/> Nano Ceramic
<input type="checkbox"/> Layerd		<input type="checkbox"/> Zirconia	<input type="checkbox"/> Acrylic

OCCLUSAL STAIN	
<input type="checkbox"/> Inlay/Onlay	<input type="checkbox"/> None
<input type="checkbox"/> Veneer	<input type="checkbox"/> Medium
<input type="checkbox"/> Metal	<input type="checkbox"/> Heavy

IMPLANT		ITEMS INCLUDED	
Screw Retained		<input type="checkbox"/> Master Model	<input type="checkbox"/> Impressions
<input type="checkbox"/> Zi	<input type="checkbox"/> PFM	<input type="checkbox"/> Bite Registration	<input type="checkbox"/> Opposing Model
Custom Abutment		<input type="checkbox"/> Other	<input type="checkbox"/> Photo
<input type="checkbox"/> Ti	<input type="checkbox"/> Zi	<input type="checkbox"/> Implant Parts	<input type="checkbox"/> Email

PONTIC DESIGN



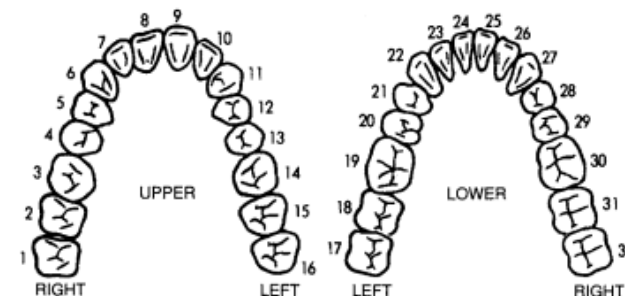
CHARACTERIZATION — Surface Anatomy

- ☐ Smooth
- ☐ Moderate
- ☐ Heavy

Shade _____

Stump _____

Please Write It - Don't Say It!



Doctors Signature

License #

IN-LAB WORKING DAYS**FOR LAB USE ONLY**

Please allow for the full working time on each type of product in case. Cases including different products will require full working time for each product selected. Working times do not include Weekends, Holidays, Pick-Ups or Deliveries. Rush Services available on most products but must be pre-scheduled with Lab Manager. To pre-schedule your rush case, please call.

TIME SCHEDULE - CALLED IN BEFORE 10:30AM

Bite Block	3 Days
Try In	3 Days
Finish Case	4 Days
Cast Frame	7 Days
Custom Trays	3 Days
Repairs on Framework	Call
Reline	Same Day
Repair on Acrylic	Same Day
All Crown & Bridge	10 Days
Full Arch / Hybrid	15 Days
Combination / Large Cases	15 Days

TERMS

All accounts are payable within 30 days of statement date. Statement date is the last working day of each month.

Accounts not paid within the stated terms will be subject to 2% service charge per month.

COST OF COLLECTION ON ANY ACCOUNT WILL BE PAID BY CUSTOMER.

LIMITED WARRANTY / LIMITATION OF LIABILITY

Associated Dental Laboratory guarantees that all dental restorations and appliances are fabricated according to the specifications provided by the prescribing dentist. We warrant that each restoration will properly fit the die or cast model (assuming sufficient reduction of the prepared tooth was performed per the manufacturer's guidelines). Provided that the restoration or appliance is returned and failure has occurred after placement, the laboratory will, at its discretion, either repair, replace, or credit the original price paid for the restoration or appliance at no additional charge (*restrictions apply) for defects in materials or workmanship, as follows: (1) all final fixed restorations are covered for up to one year; (2) removable appliances are covered for up to six months if failure is due to material or workmanship defects; and (3) provisional restorations and other auxiliary services are covered for up to six months. The prescribing dentist is responsible for all other costs associated with adjustment, repair, or replacement. The laboratory does not guarantee that restorations or appliances are fit for any specific purpose, and if such a disclaimer is not legally permissible, the implied warranty is limited to 90 days from the date of delivery.

***Whats Not Covered**

- Cases requiring a reduction coping
- Costs related to removal or reinsertion of the restoration or appliance
- Failures resulting from debonding or improper occlusion
- Replacement restorations or appliances where no defect in materials or workmanship is found
- Incidental or consequential damages, including inconvenience, lost wages, or pain and suffering