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www.mabeldental.com

Office/Address _____

Patient Name _____ (First) _____ (Last) _____ Male _____ Female _____ Age _____

ENCLOSED WITH CASE: Impressions Models Bite Photos Other: _____

Please Send: Boxes Shipping Labels Bubble/Foam Other: _____

<p style="text-align: center;">SPECIAL INSTRUCTIONS</p> <div style="text-align: center;"> </div>	<p style="text-align: center;">HABIT APPLIANCES</p> <input type="checkbox"/> Tongue Crib <input type="checkbox"/> Blue Grass <input type="checkbox"/> Thumb Crib	<p style="text-align: center;">REMOVABLES</p> <input type="checkbox"/> Hawley <input type="checkbox"/> Invisible Retainer <input type="checkbox"/> Spring Aligner <input type="checkbox"/> Bleaching Tray (scallop/marginal) <input type="checkbox"/> Mouthguard <input type="checkbox"/> Soft Nightguard <input type="checkbox"/> Hard Nightguard ¹ (processed acrylic) <input type="checkbox"/> Eclipse Heat/Seat ¹ <p style="text-align: center;">¹ - Use Open Construction Bite Technique (cotton rolls)</p>
	<p style="text-align: center;">HOLDING APPLIANCES</p> <input type="checkbox"/> Fixed Transpalatal <input type="checkbox"/> Nance <input type="checkbox"/> Lingual 6 x 6 <input type="checkbox"/> Lingual 3 x 3	<p style="text-align: center;">COLORS & OPTIONS</p> <p style="text-align: center;">MOUTHGUARD</p> <input type="checkbox"/> Clear <input type="checkbox"/> Yellow <input type="checkbox"/> Blue <input type="checkbox"/> Black <input type="checkbox"/> Purple <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> White (Solid Colors Available)
	<p style="text-align: center;">HERBST</p> <input type="checkbox"/> Acrylic <input type="checkbox"/> Cantilever <input type="checkbox"/> Banded <input type="checkbox"/> Crowned	<p style="text-align: center;">CONTEMPORARY (Opaque Finish)</p> <input type="checkbox"/> Tangerine <input type="checkbox"/> Lemon <input type="checkbox"/> Lime <input type="checkbox"/> Blueberry <input type="checkbox"/> Snow White <input type="checkbox"/> Licorice
	<p style="text-align: center;">TWIN BLOCK</p> <input type="checkbox"/> Standard <input type="checkbox"/> To Open <input type="checkbox"/> To Close	<p style="text-align: center;">BIOCRYL (Clear Finish)</p> <input type="checkbox"/> Red <input type="checkbox"/> Dark Blue <input type="checkbox"/> Green <input type="checkbox"/> Light Blue
	<p style="text-align: center;">BIONATOR</p> <input type="checkbox"/> Open Bite <input type="checkbox"/> Close Bite <input type="checkbox"/> Open Bite <input type="checkbox"/> Close Bite <input type="checkbox"/> Class III <input type="checkbox"/> Maintain	<p style="text-align: center;">NEON GLOW (Opaque Finish)</p> <input type="checkbox"/> Neon Glow <input type="checkbox"/> Neon Strawberry <input type="checkbox"/> Neon Pink <input type="checkbox"/> Neon Orange <input type="checkbox"/> Neon Green <input type="checkbox"/> Neon Yellow <input type="checkbox"/> Neon Blue
<p style="text-align: center;">DIAGNOSTIC STUDY MODELS</p> <input type="checkbox"/> Pour & Trim Only <input type="checkbox"/> Pour, Trim, Sculpted, Finish, Glossy Polish	<p style="text-align: center;">SPACE MAINTAINERS/REGAINERS</p> <input type="checkbox"/> Band & Loop Appliance <input type="checkbox"/> Jack Screw Regainer	<p style="text-align: center;">RAINBOW (Clear Finish)</p> <input type="checkbox"/> Yellow <input type="checkbox"/> Clear Pink <input type="checkbox"/> Red <input type="checkbox"/> Clear Blue <input type="checkbox"/> Green <input type="checkbox"/> Clear <input type="checkbox"/> Orange <p style="font-size: small;">Only Rainbow is available in sparkle</p>
<p style="text-align: center;">EXPANSION/ARCH DEVELOPMENT</p> <input type="checkbox"/> Banded R.P.E. <input type="checkbox"/> Bonded R.P.E. <input type="checkbox"/> Haas R.P.E. <input type="checkbox"/> Lower Crozat <input type="checkbox"/> Fixed Traverse <input type="checkbox"/> Hilgers Pendulum <input type="checkbox"/> Hilgers Pendex <input type="checkbox"/> Schwarz <input type="checkbox"/> Quad Helix <input type="checkbox"/> Crowned Expander Arms for Headgear <input type="checkbox"/> "W" Expansion <input type="checkbox"/> Upper Crown Expander <input type="checkbox"/> T-Rex <input type="checkbox"/> Nord <input type="checkbox"/> Pendulum Appliance with Midline Expansion Screw	<p style="text-align: center;">SAGITAL</p> <input type="checkbox"/> Standard <input type="checkbox"/> Decal Design or personalized acrylic Please specify	<p style="text-align: center;">GALAXY GLITTER</p> <input type="checkbox"/> Blast Off Blue <input type="checkbox"/> Polaris Purple <input type="checkbox"/> Solar Silver <input type="checkbox"/> Astro Green <input type="checkbox"/> Meteor Multi <input type="checkbox"/> Orbit Orange
		<p style="text-align: center;">TROPICAL (Opaque Finish)</p> <input type="checkbox"/> Ocean Blue <input type="checkbox"/> Lava Red <input type="checkbox"/> Purple Sunset <input type="checkbox"/> Banana Yellow <input type="checkbox"/> Key Lime Green <input type="checkbox"/> Mango Orange <input type="checkbox"/> Paradise Pink <input type="checkbox"/> Tide Teal

Dr. Signature _____
E-mail _____

Dr. License# _____

Date _____

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Lab Use Only: Pan# _____

IN-LAB WORKING TIMES

Please allow full working time for each product selected.
Working times are NOT guaranteed and do NOT include weekends or holidays.

We do NOT count the day we receive the case as a working day.

ORTHODONTIC DEVICES	
Retainers, Active Plates, Soldered & Splints	5 Days
Positioners, Functional, Herbst & Herbst Sleep	5 Days
Elastodontics, Klearway Sleep & Study Models	7 Days

Revised 1/2015

Rush cases available on most cases but must be pre-scheduled by calling 234.678.5340 before the case is shipped.

Time of pick-up and deliver may affect turnaround time.



Social Media is a great way to stay in touch with our new product offerings, news, tips/education and much more!

Like Us on Facebook; Follow Us on Twitter & LinkedIn

TERMS AND WARRANTY INFORMATION

Currently we accept payment via Check, MasterCard, Visa, & Discover

TERMS: Cost of collection of any account will be paid by the customer. All accounts are payable within 30 days of statement date. **Accounts not paid within the state terms will be subject to COD status and a late charge of 1 ½ percent of the unpaid balance.** Prices subject to change without notice.

LIMITED WARRANTY/LIMITATION OF LIABILITY. Mabel Dental Lab ("the lab") warrants that all dental devices (a "device") are made according to your specification and approval in the belief that the device will be useful and **MAKES NO OTHER WARRANTIES INCLUDING BUT NOT LIMITED TO, ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.** Subject to the return of a device that is placed and then fails, the lab will repair or replace the device without charge for the cost of materials and workmanship or refund the original price paid, at the lab's option, as follows: (1) Lifetime warranty on acrylic. Any appliance manufactured by the lab with Biocryl will be repaired in case of fracture at no charge with the receipt of the original models (abuse or misuse excluded). (2) 90 Day Warranty on Elastometric material, contraindications for elastodontic appliances include patients with significant airway restrictions and/or bruxing habits Sleep apnea appliances: 1 year warranty on material and 90 day warranty on clasps, expansion screws and hardware. You agree to pay all other costs of adjustment, repair and replacement or a device. Except where prohibited by law, the lab **WILL NOT BE LIABLE FOR ANY LOSS OR DAMAGES ARISING FROM THE USE OF A DEVICE, WHETHER DIRECT, INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL,** regardless of the theory asserted, including warranty, contract, negligence or strict liability and if such disclaimer is not permitted by law, the duration of any implied warranty is limited to 90 days from date of delivery. In the event of a dispute and absent an amicable resolution the parties mutually agree to waive class actions in favor of mandatory individual arbitration of claims under this limited warranty in and in accordance with the laws of Ohio. The lab does not guarantee the performance of independent carries.

If you need to return an appliance, please follow these instructions:

- Return the appliance, original construction model(s), setup, and bite registration (if applicable)
Important: Warranty is void if original model(s) or bite is not returned.
- Please clearly specify your reason for return on the packing slip/invoice.

Hours of Operation: Monday – Friday 8:00a.m to 4:30p.m. (EST)

We offer many other services and products including Dentures & Crowns, please visit our website or call us for more info!