

* REMOVABLES Rx *

Dr. Name _____ Phone # _____ Deliver by 5 p.m. on See Next Page For In-Lab Times

Office/Address _____

Patient Name _____ Male Female Age _____
First Last

ENCLOSED WITH CASE: Ledger Impressions Models Bite Photos Other: _____
Send more: Boxes Shipping Labels Bubble/Foam Other: _____

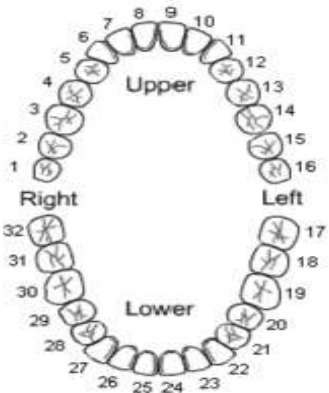


"Your Smile Partner"

2000 Brittain Road Suite 91 * Akron, OH 44310

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www.mabledental.com



Please mark/note all teeth to be extracted.

Tooth setup: Ideal Characterized Study Model

TEETH & SHADE SELECTION

Standard Teeth (Artic or equivalent)
Shade _____ Mould _____

Premium Teeth (BlueLine or equivalent)
Shade _____ Mould _____

**Standard unless specified otherwise*

DENTURES

Upper Lower

Standard* **Premium** **Immediate** **Overdenture**

Denture Reinforcement: Horseshoe cast palate Cast mesh 360° wraparound Mesh

Custom tray Bite block Wax set-up try-in Reset Finish

Lucitone 199 Acrylic shade: Original* Light Light Reddish Dark

PARTIALS

Upper Lower

Flipper (1 – 4 teeth) **Acrylic Partial** (5 or more teeth) **Immediate**
Wire Clasps: Yes No* | Wire Clasps: Yes No* | **Cu-Sil**

METAL PARTIALS

Standard*
 Premium

METAL & FLEXIBLE COMBOS

Standard w/ Lucitone FRS*
 Premium w/ Lucitone FRS

FLEXIBLE PARTIALS

Lucitone FRS Standard*
 Lucitone FRS Premium

Custom tray Frame try-in Frame w/ bite block Frame w/ set-up try-in
 Bite block Wax set-up try-in Reset Finish

Lucitone 199 Acrylic shade: Original* Light Light Reddish Dark

FRS Flexible Partial shade: Original* Light Light Reddish Dark Clear

REPAIRS

Reline Soft Liner Add Teeth Replace Teeth Fracture Rebase/Jump
Add Clasp: Cast/Weld Wrought Wire Itsoclear

NIGHTGUARDS

Upper Lower

Soft Hard* (processed acrylic) Eclipse Heat/Seat (flexible hard) Mouthguard
 Comfort H/S (hard/soft): Clear* Green Pink Blue

E-mail _____

Email/Text photos to: support@mabledental.com

Lab Use Only: Pan# _____

Signature _____

License# _____

Date _____

(see next page for warranty details)

Revised 3/2016

IN-LAB WORKING TIMES

Please allow full working time for each product selected.
Working times are **NOT** guaranteed and do **NOT** include weekends, holidays or the day we receive the case.

Frames	7 days
Frame with teeth and wax	10 days
Metal Partial to completion	11 days
Custom Tray / Bite Block	2 days
Wax set-up try-in with teeth	3 days
Process to Finish after set-up try-in	4 days
Flexible FRS Partial start to completion	5 days
Acrylic Partial (5+ teeth) / Immediate	4 days
Flipper (1 - 4 teeth)	2 days
Nightguards – Soft	2 days
Nightguards – Eclipse (flexible hard)	3 days
Nightguards – Hard / Comfort Hard/Soft	4 days
Reline – Hard	1 day
Reline – Soft Liner	2 days
Repairs	1 day
Repairs – Laser Weld/Add Clasp	5 days
Snap-On Smile	15 days

Rush cases available on most removable 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

Like Us on Facebook – Follow Us on Twitter – See us on LinkedIn

TERMS AND WARRANTY INFORMATION

We honor payment via Check, MasterCard, Visa, Discover & AMEX.

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 stated terms will be subject to COD status and a late charge of 1 1/2 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 a 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 a device without charge for the cost of materials and workmanship or refund the original price paid, at the lab's option, as follows: (1) porcelain to metal, all porcelain, all metal, single-unit inlay, onlay and crown composite resin final prosthetics (excluding mutually opposing implant-supported full arch bridges), milled implant bars, and screw-retained titanium or zirconia abutments (excluding abutments with angulations greater than 20 degrees), up to five years; (2) composite resin bridges (excluding Maryland and inlay/onlay bridges) up to five years; (3) removable appliances including screw-retained dentures but excluding thermoformed appliances, immediate dentures, immediate flexible nylon partials, and acrylic flippers, up to one year if the failure is due to defects in materials or workmanship; (4) thermoformed appliance if the failure is due to defects in materials or workmanship, provisionals, composite resin Maryland and inlay/onlay bridges up to six months; (5) immediate dentures, immediate flexible nylon partials, acrylic flippers, retainers, surgical and radiographic guides, and all other dental devices up to 30 days if the failure is due to defects in materials or workmanship. You agree to pay all other costs of adjustment, repair and replacement of 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 the date of delivery. In the event of a dispute and absent an amicable resolution the parties 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 carriers.

If the case is unsatisfactory, please provide an explanation on the Rx and then send the original restoration, impression and *all* other related materials back to us.

In most situations we will repair the case free of charge. However, we will charge for remakes in the following circumstances:

- If the original dental restoration is not returned to us.
- If the case is re-prepped and a new impression is sent.
- If the shade is different from the original order. If the restoration materials are different from the original order.
- If we asked for a new impression and you asked us to proceed without one.
- If we advised you that we could not guarantee the quality of this order and you asked us to proceed anyway.
- If we requested a try-in and you asked us to proceed without one.
- If we received no study model for anterior cases and/or no specific directions.

We realize that there may be extenuating circumstances whereby the original restoration cannot be included in the remake request or if you agree to a chargeable remake and are sending a new impression or additional materials for a case already in the lab. Please make sure to indicate if the original restoration is NOT included.

FREE Shipping* (Ground) per case each way (*contiguous US only*).

*Other shipping options available for a nominal fee.

We offer many additional services and products, please call for more information.