

**\* UNIVERSAL Rx \***



2000 Brittain Road Suite 91 \* Akron, OH 44310

**877.622.3533 \* Fax 234.678.5341**

**www.mabeldental.com**

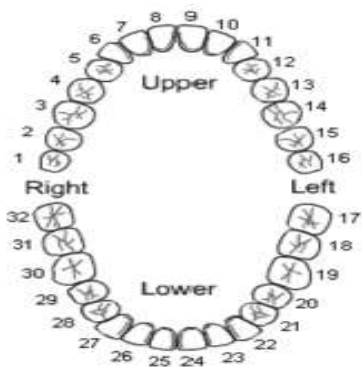
Dr. Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Deliver by 5 p.m. on** See Next Page For Working Times

Office/Address \_\_\_\_\_

Patient Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Age \_\_\_\_\_  
(First) (Last)

**ENCLOSED WITH CASE:**  Impressions  Models  Bite  Photos  Other: \_\_\_\_\_



Please mark/note all teeth to be extracted.



**Teeth #** \_\_\_\_\_  
**Incisal Shade** \_\_\_\_\_  
**Body Shade** \_\_\_\_\_  
**Cervical Shade** \_\_\_\_\_

**OCCLUSAL STAINING**  
 None\*  Light  Med  Dark

**CONTACT STYLE**  
 Light  Normal\*  Heavy  
 Narrow  Broad  Heavy/Broad

**BRIDGE**  
Abutment #s \_\_\_\_\_ Pontic #s \_\_\_\_\_  
Total Units \_\_\_\_\_  
 Splinted  Individual Units

**PONTIC DESIGN**  
 Modified Ridge Lap  Bullet  
 Hygienic  Ridge Lap\*

**METAL DESIGN**  
 Traditional PFM (with Lingual Band)\*  
 Butt Shoulder with Lingual Band  
 Butt Shoulder No Lingual Band  
 All Porcelain Butt Shoulder 360°  
 Metal Collar 360°  Show No Metal

**COPING DESIGN**  
 Metal Lingual  Removal Button  
 Metal Occlusal no Buccal Cusp  
 Metal Occlusal with Buccal Cusp

**ZIRCONIA RESTORATIONS**  
 Full Contour Zirconia\*  
 Porcelain Fused to Zirconia

**ALL-CERAMIC RESTORATIONS**  
 IPS e.max Press\*  IPS e. max Press Veneer  
\_\_\_\_\_ **STUMP SHADE (required)**

**PORCELAIN FUSED TO METAL**  
 Non-Precious\*  Noble (Semi-Precious)  
 High Noble (Precious)  Yellow Gold 75%

**FULL-CAST RESTORATIONS**  
 Non-Precious  Noble Yellow\* (2% Au)  
 Noble (silver)  High Noble Yellow (51.6% Au)

**Fit To Existing Partial?**  Yes  No\*

**OCCLUSAL CLEARANCE**  
 In Occlusion\*  Light Occlusion  
 Out of Occlusion  Die Spacer on Opposing  
 Foil on Opposing

**IF NO OCCLUSAL CLEARANCE**  
 Call  Fax  Email  Reduction Coping  
 Mark/Reduce Opposing  Metal Island  
 Make this a permanent note in my master file

E-mail \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

License # \_\_\_\_\_

(see next page for warranty details)

**DENTURES/FLEXIBLE PARTIALS (FRS)**

- Upper  Lower
- Denture  Overdenture  Lucitone FRS  
 Immediate  Custom Tray  Bite block  
 Wax set-up tryin  Reset  Finish

**Tooth setup**  Ideal  Characterized  
 Study Model

**TEETH SELECTION**

- Standard Teeth**  
Shade \_\_\_\_\_ Mould \_\_\_\_\_
- Premium Teeth**  
Shade \_\_\_\_\_ Mould \_\_\_\_\_

**METAL PARTIALS**

- Upper  Lower
- BEGO Frame\*  Vitallium 2000  Immediate  
 Frame w/ Lucitone FRS  Lab select design  
 Custom tray  Frame try-in  Frame w/ bite block  
 Frame w/ set-up try-in  Finish

**CROWN & PARTIAL COMBO CASES**

- Future Partial: \_Frame \_FRS \_Attachments  
 Manufacture RPD to fit restoration

**Acrylic Shade:**

- Original\*  Light  Light Reddish  Dark  
 Clear (available only for Flexible Partial & Clasps)

*\*Standard unless specified otherwise*

**FLIPPERS/ACRYLIC PARTIALS**

- Upper  Lower
- Flipper (1 - 4 teeth)**  **Acrylic Partial (5+ teeth)**  
Clasps:  Yes  No\* Clasps:  Yes  No\*

**NIGHTGUARDS/ORTHO**

- Upper  Lower
- Soft  Hard\* (processed acrylic)  Eclipse Heat/Seat  
 Hard/Soft:  Clear\*  Green  Pink  Blue  
 Hawley  Space Maintainer  Surgical Stent

**REPAIRS**

- Reline  Soft Liner  Add Teeth  Replace Teeth  
 Fracture  Rebase  
Add Clasp:  Weld\*  Wire  Itsoclear

**METAL RESTS/GUIDEPLANES/IMPLANTS**

- Cingulum Rest  Mesial Rest  Distal Rest  
 Mesial Guideplane  Distal Guideplane  
 Lingual Ledge  Crown Over Implant  
 Integrated Post  Separate Post

**CUSTOM IMPLANT ABUTMENTS**

- Titanium\*  Gold-Colored Titanium  
 Zirconia w/ Ti-Base  Gold Alloy  
 Prepare existing abutment

**SNORING/SLEEP APNEA DEVICES**

- (upper & lower models w/ protrusive bite)  
 Silent Nite sl\*  EMA  TAP  TAP 3  
 TAP 3 Elite

**Lab Use Only: PAN#** \_\_\_\_\_

## IN-LAB WORKING TIMES

Please allow the full working time for each product selected.

Working times are NOT guaranteed and do NOT include weekends or holidays.

<b>PFM / Full-cast restorations</b>	7 Days	<b>Flexible Partial</b> start to completion	5 Days
<b>All-ceramic/Zirconia restorations</b>	7 Days	Flipper / Acrylic Partial	2 / 4 Days
Framework	7 Days	Splints: Eclipse / Hard / Soft	3 / 4 / 2 Days
Frame with teeth and wax	10 Days	Relines: Hard / Soft	1 / 2 Days
Partial to completion	12 Days	Repairs ( <i>depends on complexity</i> )	1 Day
Bite Blocks / Custom Trays	2 Days	Mouthguards	4 Days
Setup wax try-in with teeth	3 Days	Space Maintainers	4 Days
Process / Finish (after set-up)	4 Days	Snap-It! / Snap-On Smile	15 Days

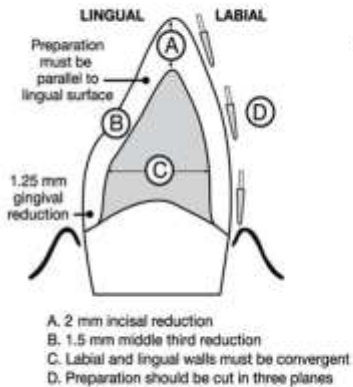
Rush service available on most *removables* but must be pre-scheduled by calling 877.622.3533.

We do NOT count the day we receive the case.

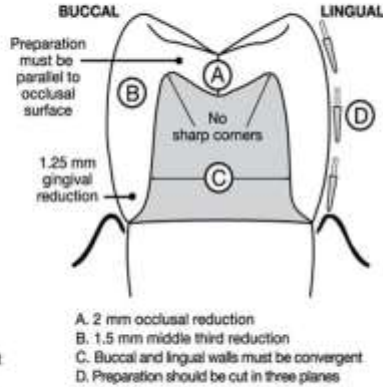
Time of pick-up and delivery may affect turnaround time.

### PREPARATION GUIDELINES

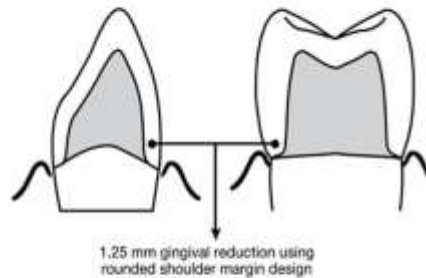
#### PFM ANTERIOR



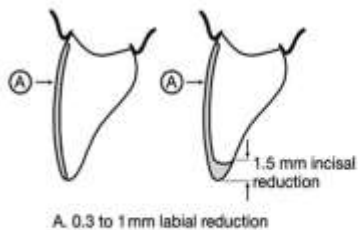
#### PFM POSTERIOR



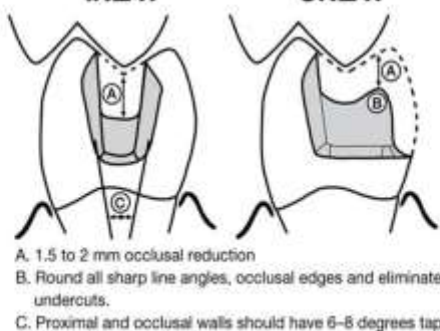
#### PFM-PORCELAIN LABIAL OR 360° MARGIN



#### ALL-CERAMIC/COMPOSITE VENEERS

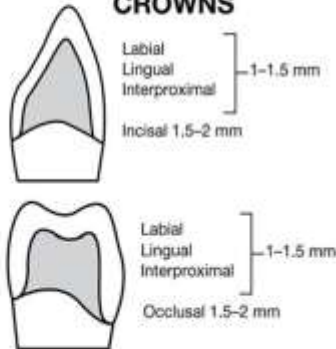


#### INLAY



#### ONLAY

#### ALL-CERAMIC/COMPOSITE CROWNS



## TERMS AND WARRANTY INFORMATION

Free Ground Shipping **EACH** way (*contiguous US only*).

We honor VISA, MASTERCARD, AMEX, DISCOVER and CHECK.

**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 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 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) 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 abutments (excluding abutments with angulations greater than 20 degrees), composite resin bridges (excluding Maryland and inlay/onlay bridges), up to 5 years; (2) dentures and partials including screw-retained dentures but excluding immediate dentures and partials up to one year if the failure is due to defects in materials or workmanship; (3) nightguards/splints if the failure is due to defects in materials or workmanship, provisionals, Maryland and inlay/onlay bridges, up to six months (4) immediate dentures and partials, flippers, retainers, surgical and radiographic guides, and all other dental devices up to thirty days if the failure is due to defects in materials or workmanship. 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.

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www.mabledental.com