

* Fixed Restorative Rx *

Dr. Name _____ Phone # _____ Deliver by 5 p.m. on See Reverse For Working Times

Office/Address _____

Patient Name _____ Male ___ Female ___ Age _____
First Last

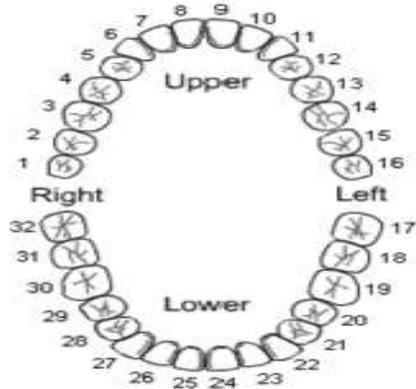
ENCLOSED WITH CASE: Impressions Models Bite Photos Other: _____



2000 Brittain Road Suite 91 * Akron, OH 44310

PH. # 234.678.5340 * Fax # 234.678.5341

www.mabeldental.com



Teeth #s _____
Incisal Shade _____
Body Shade _____
Cervical Shade _____



ZIRCONIA RESTORATIONS

- Full Contour Zirconia*
- Porcelain Fused to Zirconia

ALL-CERAMIC RESTORATIONS

- IPS e.max® Press*
- IPS e.max® Press Veneer
- _____ STUMP SHADE (required)

BRIDGE

- Abutment #s _____
Pontic #s _____ Total Units _____
- Splinted* Individual Units

PONTIC DESIGN

- Modified Ridge Lap Bullet
- Hygienic Ridge Lap*

PORCELAIN FUSED TO METAL

- Non-Precious*
- Noble (Semi-precious)
- High Noble (Precious)
- Yellow Gold (75%)

FULL-CAST RESTORATIONS

- Non-precious (silver)
- Noble (silver)
- Noble Yellow (2% Au)*
- High Noble Yellow (51.6% Au)

CUSTOM IMPLANT ABUTMENTS

- Titanium*
- Gold Colored Titanium
- Zirconia with Titanium Base
- Gold Alloy
- Prepare existing abutment

SPECIAL INSTRUCTIONS

Please print clearly, no abbreviations.

METAL TRY-IN

- Yes No*

OCCLUSAL STAINING

- None* Light
- Medium Dark

CONTACT STYLE

- Normal* Light
- Broad Narrow
- Heavy/Broad Heavy

Fit to Existing Partial?

- Yes No*

METAL DESIGN

- Traditional PFM (with Lingual Band)*
- Butt Shoulder with Lingual Band
- Butt Shoulder No Lingual Band
- All Porcelain Butt Shoulder 360°
- Metal Band 360°
- Show no metal

COPING DESIGN

- Metal Lingual Coverage
- Metal Occlusal **no** Buccal Cusp
- Metal Occlusal **w/** Buccal Cusp
- Removable Button

OCCLUSAL CLEARANCE

- In Occlusion*
- Light Occlusion
- Out of Occlusion
- Die Spacer on Opposing
- Foil on Opposing

IF NO OCCLUSAL CLEARANCE

- Call Email* Fax
- Reduction coping
- Spot/Mark/Reduce opposing
- Place Metal Island

Would you like this to be a permanent note in your file? Yes No

METAL RESTS/GUIDEPLANES

- Cingulum Rest
- Mesial Rest
- Distal Rest
- Mesial Guideplane
- Distal Guideplane
- Lingual Ledge

POST & CORE

- Integrated Post:
___ Non-Precious* ___ Noble ___ High Noble
- Separate Post:
___ Non-Precious* ___ Noble ___ High Noble

*Standard unless specified otherwise.

Signature _____
(see next page for warranty details)

License# _____

Date _____

Lab Use Only: Pan# _____

E-mail _____

Email/Text Photos to: support@mabeldental.com

IN-LAB WORKING TIMES

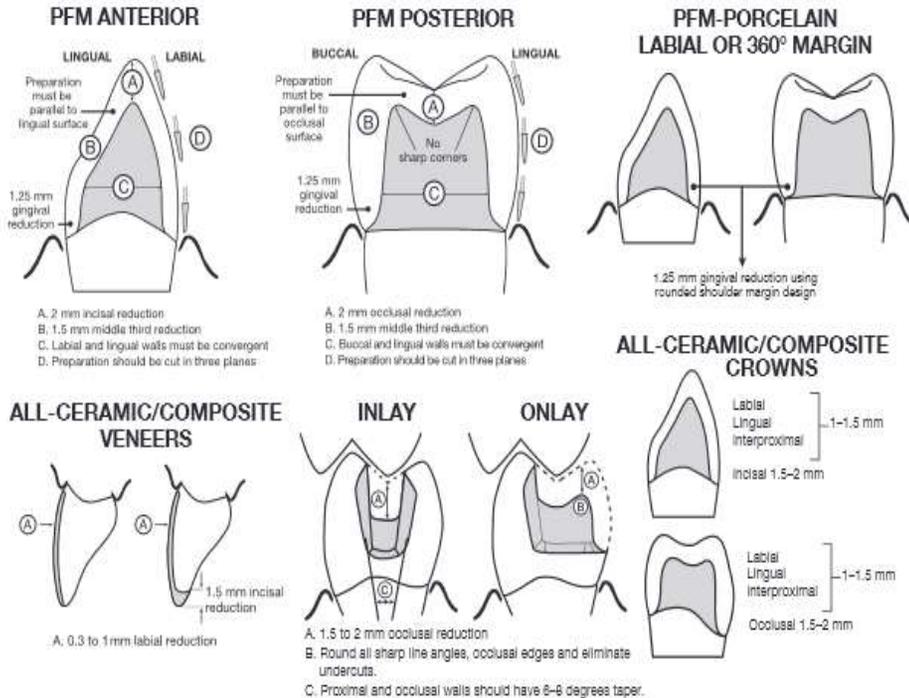
Please allow full working time for each product selected.

Working times are ***NOT*** guaranteed and do ***NOT*** include weekends, holidays or the day the case is received.

PFM/Diagnostic Wax-up	7 Days
All-Ceramic/Full-Cast	7 Days
Zirconia Restorations	7 Days
Implants	8 Days

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

Preparation Guidelines



TERMS AND WARRANTY INFORMATION

We accept 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. *I/We agree to pay reasonable attorneys fees and collection costs if my account is referred for collection.*

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.

We offer many other services and products, please call us for pricing!

FREE SHIPPING – BOTH WAYS!*

(*Free Ground Shipping within designated area; otherwise a small fee may be applicable.)