

*** UNIVERSAL Rx ***



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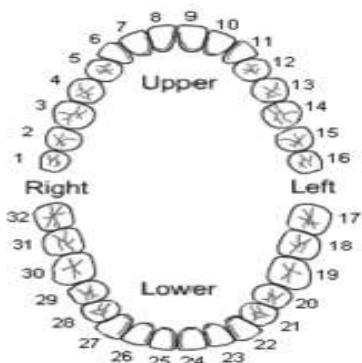
www.mabeldental.com

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 _____

E-mail _____

Date _____

Signature _____

License # _____

(see next page for warranty details)

(required)

OCCUSAL 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 to Zirconia

ALL-CERAMIC RESTORATIONS
 IPS e.max Press: ___ Monolithic* ___ Layered
 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*

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

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

DENTURES / FLEXIBLE PARTIALS (FRS)
 Upper Lower
 Denture Overdenture Lucitone FRS
 Immediate Custom tray Bite block
 Wax set-up try-in Reset Finish
Tooth setup Ideal Characterized
 Study Model

TEETH SELECTION
 Economy Teeth Standard Teeth*
Shade _____ Mould _____
 Premium Teeth
Shade _____ Mould _____

METAL PARTIALS
 Upper Lower
 BEGO Frame* Vitallium 2000 Immediate
 Frame w/ FRS Combo Lab select design*
 Custom tray Frame try-in Frame w/ bite block
 Frame w/ set-up try-in Reset 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 FRS

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 shipping times, weekends or holidays.

PFM's / Full-cast restorations	7 Days	Flexible Partial start to completion	5 Days
All-ceramic/Zirconia restorations	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

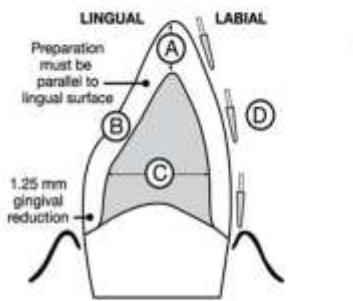
Rush service available on most *removables* but must be pre-scheduled by calling 877.622.3533.

We do NOT count the day we receive the case.

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

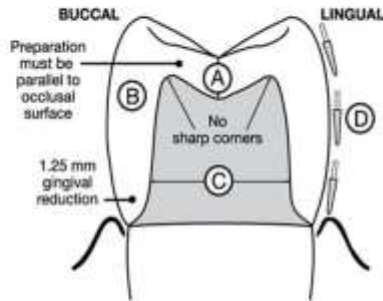
PREPARATION GUIDELINES

PFM ANTERIOR



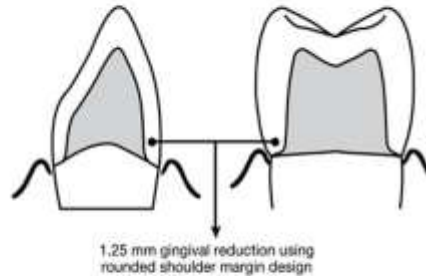
- A. 2 mm incisal reduction
- B. 1.5 mm middle third reduction
- C. Labial and lingual walls must be convergent
- D. Preparation should be cut in three planes

PFM POSTERIOR

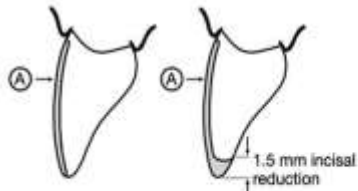


- A. 2 mm occlusal reduction
- B. 1.5 mm middle third reduction
- C. Buccal and lingual walls must be convergent
- D. Preparation should be cut in three planes

PFM-PORCELAIN LABIAL OR 360° MARGIN



ALL-CERAMIC/COMPOSITE VENEERS



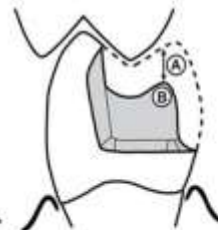
- A. 0.3 to 1 mm labial reduction

INLAY

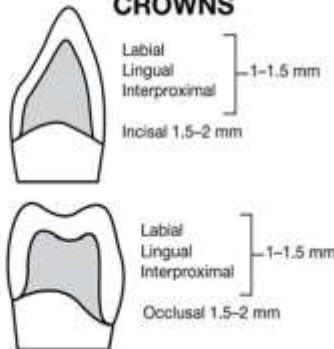


- A. 1.5 to 2 mm occlusal reduction
- B. Round all sharp line angles, occlusal edges and eliminate undercuts.
- C. Proximal and occlusal walls should have 6-8 degrees taper.

ONLAY



ALL-CERAMIC/COMPOSITE CROWNS



TERMS AND WARRANTY INFORMATION

Free UPS 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. I/We agree to pay reasonable attorney's 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 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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