

Dr. Name _____ Phone # _____

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

Office/Address _____

E-mail _____

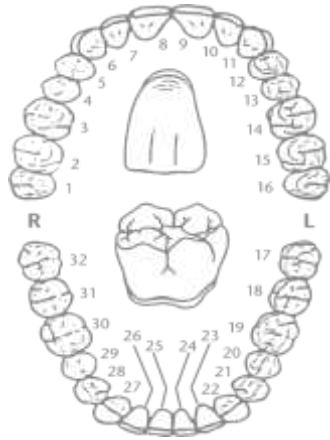
Patient Name _____

___ Male ___ Female ___ Age

First Last

Enclosed with case: Impressions Models Bite Photos Other: _____

Email case photos to: support@mabeldental.com



Please mark/note all teeth to be extracted.

Teeth #s _____ Shade _____

Incisal _____

Body _____

Cervical _____

Date _____

License # _____

Signature _____





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

Upper Lower

- Denture Overdenture FRS/TCS Flexible
- 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/ Flexible 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) Clasps: Yes No*
- Acrylic Partial (5+ teeth) 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.

PFMs / Full-cast restorations	8 Days	Flexible Partial start to completion	8 Days
All-ceramic/Zirconia restorations	8 Days	Flipper / Acrylic Partial	2 / 4 Days
Custom Abutments / Implant Crowns	10 Days	Splints: Eclipse / Hard / Soft	3 / 4 / 2 Days
Framework	8 Days	Relines: Hard / Soft	1 / 2 Days
Frame with teeth and wax	11 Days	Repairs: Acrylic	1 Day
Metal Partial to completion	12 Days	Repairs: Metal Work/Laser Weld	5 Days
Bite Blocks / Custom Trays	2 Days	Mouthguards	4 Days
Setup wax try-in with teeth	3 Days	Space Maintainers	6 Days
Process / Finish (after set-up)	4 Days	Snap-On Smile	15 Days

Rush service available on most *removables* but must be pre-scheduled by calling 1.877.622.3533.
Time of pick-up and delivery may affect turnaround time.

PREPARATION GUIDELINES

PFM ANTERIOR

Preparation must be parallel to lingual surface

1.25 mm gingival reduction

- 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

Preparation must be parallel to occlusal surface

1.25 mm gingival reduction

No sharp corners

- 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

1.25 mm gingival reduction using rounded shoulder margin design

ALL-CERAMIC/COMPOSITE VENEERS

1.5 mm incisal reduction

A. 0.3 to 1 mm labial reduction

INLAY ONLAY

- 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.

ALL-CERAMIC/COMPOSITE CROWNS

Labial
Lingual
Interproximal } 1-1.5 mm

Incisal 1.5-2 mm

Labial
Lingual
Interproximal } 1-1.5 mm

Occlusal 1.5-2 mm

TERMS AND WARRANTY INFORMATION

Free UPS Ground* Shipping **EACH** way (*contiguous US only*).
*\$8 fee is assessed for UPS scheduled pick-ups.

We accept 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 ½ 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, 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 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 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.

Visit our website for more on our limited warranty and remake policies.

support@mabledental.com
www.mabledental.com