**IMPLANT FIXED Rx**

**Mabel Dental**

Your Smile Partner

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**Shade Teeth #s**

- Full Contour Zirconia*
- Porcelain Fused to Zirconia (layered)

**ALL-CERAMIC RESTORATIONS**

- IPS e.max Press
- IPS e.max Press Veneer
- IPS e.max Press Inlay/Onlay

**STUMP SHADE _____ (required)**

**BRIDGES**

- Abutment #  
- Pontic #  
- Total Units ____

**PONTIC DESIGN**

- Incisal  
- Body  
- Cervical  

**METAL TRY-IN**

- Yes  
- No*  

**OCCLUSAL STAINING**

- None*  
- Light  
- Medium  
- Dark  

**CONTACT STYLE**

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

**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  

**METAL RESTS/GUIDEPLANES**

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

**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  
- Mark/Reduce opposing  
- Metal Island  
- Make this a permanent note in my master file  

**POST & CORE**

- Non-Precious*  
- Noble  
- High Noble  

**IMPLANT PARTS**

- Order any parts that are needed  
- Contact office to order parts*  

**CUSTOM ABUTMENTS**

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

**ABUTMENT MARGIN DESIGN**

- Shoulder for all-ceramic*  
- Chamfer for PFM/Zirconia  

**ABUTMENT EMERGENCE PROFILE**

- Surgical placement  
- Tissue displacement*  
- No tissue displacement*  

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**Signature  ____________  License#  ____________  Date  ____________  Lab Use Only: Pan#  ____________**

*(see next page for warranty details)
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 shipping days.

<table>
<thead>
<tr>
<th>Product</th>
<th>Working Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PFM's/Diagnostic Wax-up</td>
<td>8 Days</td>
</tr>
<tr>
<td>All-Ceramic/Full-Cast</td>
<td>8 Days</td>
</tr>
<tr>
<td>Zirconia Restorations</td>
<td>8 Days</td>
</tr>
<tr>
<td>Implants/Custom Abutments</td>
<td>10 Days</td>
</tr>
</tbody>
</table>

Time of pick-up and delivery may affect turnaround time. Rush service available but **must be prescheduled** before shipping the case.

**Preparation Guidelines**

- **PFM Anterior**
  - Preparation should be cut-in three planes

- **PFM Posterior**
  - Preparation should be converted lingual surface

- **PFM-Porcelain Labial or 360° Margin**
  - Preparation should be converted lingual surface

- **All-Ceramic/Composite Crowns**
  - Preparation should be cut-in three planes

- **All-Ceramic/Composite Veneers**
  - Preparation should be converted lingual surface

- **Inlay**
  - Preparation should be cut-in three planes

- **Onlay**
  - Preparation should be cut-in three planes

**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 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 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.

**Try our Removable & Orthodontic products too!**

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www.mabeldental.com