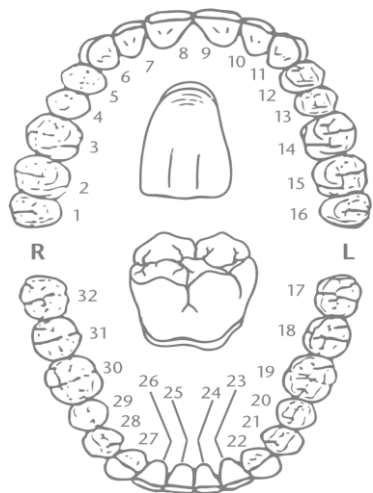


ADVANTAGE REMOVABLE Rx

891 Graham Rd Ste C • Cuyahoga Falls, OH 44221

877.622.3533 • Fax 234.407.4007**mabeldental.com**Dr. Name _____ Phone # _____ **RETURN BY 5 P.M. ON** _____ Allow 8 in-lab days

Address _____ Email _____

Patient Name _____
First Last ☐ Male ☐ Female Age _____**ENCLOSED WITH CASE:** ☐ Impressions ☐ Models ☐ Bite ☐ Photos ☐ Other: _____Email case photos / digital files to: **support@mabeldental.com****Advantage Turnaround – 8 business days**

Please mark/note all teeth to be extracted.

Signature _____ Date _____
(see reverse for limited warranty details)

License # _____

For the most up to date Rx forms, visit mabeldental.com/downloads**Tooth Setup:** ☐ Ideal ☐ Characterized ☐ Study Model**TOOTH SHADE** _____ **Mould** _____**Standard unless specified otherwise***DENTURES**☐ Upper ☐ Lower☐ Custom Tray ☐ Bite Block (wax base) ☐ Wax Set-up Try-in ☐ Reset ☐ Finish**ACRYLIC SHADE:** ☐ Original* ☐ Light Pink ☐ Light Reddish Pink ☐ Dark Pink**METAL PARTIALS**☐ Upper ☐ Lower☐ Custom Tray ☐ Frame Try-in only ☐ Frame with Bite Block (wax base)Add Cosmetic Clasps: ☐ Flexible ☐ Tooth Colored: __ A1 __ A2 __ A3.5 __ B1 __ Bleach☐ Frame with Teeth Set-up Try-in ☐ Reset ☐ Finish**ACRYLIC SHADE:** ☐ Original* ☐ Light Pink ☐ Light Reddish Pink ☐ Dark Pink**FLEXIBLE PARTIALS**☐ Upper ☐ Lower☐ Custom Tray ☐ Bite Block (wax base) ☐ Wax Set-up Try-in ☐ Reset ☐ Finish**tc's FLEXIBLE SHADE:** ☐ Standard* ☐ Light ☐ Light/Dark ☐ Dark ☐ Natural**ACRYLIC FLIPPERS/PARTIALS**☐ Upper ☐ Lower☐ Custom Tray ☐ Bite Block (wax base) ☐ Wax Set-up Try-in ☐ Finishwith Wrought Wire Clasps: ☐ Yes ☐ No***ACRYLIC SHADE:** ☐ Original* ☐ Light Pink ☐ Light Reddish Pink ☐ Dark Pink**NIGHTGUARDS**☐ Upper ☐ Lower☐ Soft ☐ Hard* (processed acrylic) ☐ Hard/Soft Combo**REPAIRS**☐ Upper ☐ Lower☐ Reline ☐ Soft Liner ☐ Add Teeth _____ ☐ Replace Teeth _____☐ Fracture ☐ Laser Weld ☐ Add Mesh ReinforcementAdd Clasp: ☐ Cast* ☐ Wire ☐ Flexible ☐ Tooth Colored: A1 A2 A3.5 B1 Bleach

ADVANTAGE IN-LAB WORKING TIMES

Please allow full working time for each product selected. Working times are NOT guaranteed and do NOT include weekends, or holidays.

Each case requires 8 in-lab days including the day your case is received.

Frames	8 days
Frame with teeth and wax	8 days
Metal Partial to completion	8 days
Custom Tray / Bite Block	8 days
Wax set-up try-in with teeth	8 days
Process to Finish after set-up try-in	8 days
Flexible TCS Partial start to completion	8 days
Flippers	8 days
Nightguards – Soft	8 days
Nightguards – Hard	8 days
Nightguards – Hard / Soft	8 days
Repairs	8 days

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

Social Media

Facebook: facebook.com/mabeldental

Twitter: twitter.com/mabeldentallab

LinkedIn: linkedin/mabeldentallab

Need More Prescription Rx?

Download/Print from our website: mabeldental.com/downloads

TERMS AND WARRANTY INFORMATION

We honor VISA, MASTERCARD, AMEX AND DISCOVER.

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 2 percent of the unpaid balance.*** Prices subject to change without notice. Rx must be enclosed with original case submission.

NO-FAULT REMAKE POLICY: Mabel Dental Lab is happy to process all remakes or adjustments at no additional charge if requested within the warranty period and accompanied by the return of the original appliance.

LIMITED WARRANTY/LIMITATION OF LIABILITY:

For warranty terms and conditions and limitation of liability, visit mabeldental.com/policies-and-warranty/