



891 Graham Rd Suite C • Cuyahoga Falls, OH 44221  
 877.622.3533 • Fax 234.407.4007  
 mabeldental.com

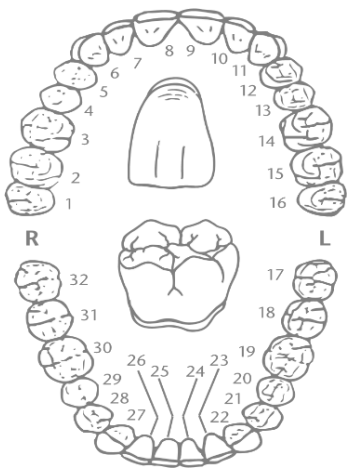





Lab Name \_\_\_\_\_ Phone # \_\_\_\_\_ Deliver by 5 p.m. on \_\_\_\_\_ Allow 8 in-lab days

Address \_\_\_\_\_ Email \_\_\_\_\_

Patient Name \_\_\_\_\_  Male  Female \_\_\_\_\_ Age \_\_\_\_\_  
 First Last

Enclosed with Case:  Impressions  Models  Bite  Photos  Other: \_\_\_\_\_

Email case photos to: support@mabeldental.com

 <p>Please mark/note all teeth to be extracted.</p>	<p><b>SHADE</b> _____</p> <p><b>Teeth #s</b> _____</p> <p> Cervical _____                  Body _____                  Incisal _____</p> <hr/> <p><b>OCCUSAL STAINING</b>  <input type="checkbox"/> None* <input type="checkbox"/> Light  <input type="checkbox"/> Medium <input type="checkbox"/> Dark</p> <p><input type="checkbox"/> <b>PMMA TEMPORARY</b></p>	<p><b>PORCELAIN FUSED TO METAL</b>  <input type="checkbox"/> Non-Precious* <input type="checkbox"/> Noble  <input type="checkbox"/> Yellow High Noble <input type="checkbox"/> White High Noble</p> <p><b>FULL-CAST</b>  <input type="checkbox"/> Non-Precious silver <input type="checkbox"/> 2% YellowGold*  <input type="checkbox"/> 40% YGold <input type="checkbox"/> 60% YGold <input type="checkbox"/> 40% White</p> <p><b>METAL DESIGN</b>  <input type="checkbox"/> Traditional PFM (with Lingual Band)*  <input type="checkbox"/> Butt Shoulder with Lingual Band  <input type="checkbox"/> Butt Shoulder No Lingual Band  <input type="checkbox"/> All Porcelain Butt Shoulder 360°  <input type="checkbox"/> Metal Collar 360° <input type="checkbox"/> Show No Metal</p> <p><b>CONTACT STYLE</b>  <input type="checkbox"/> Light <input type="checkbox"/> Normal* <input type="checkbox"/> Heavy  <input type="checkbox"/> Narrow <input type="checkbox"/> Broad <input type="checkbox"/> Heavy/Broad</p> <p><b>OCCUSAL CLEARANCE</b>  <input type="checkbox"/> In Occlusion* <input type="checkbox"/> Light Occlusion  <input type="checkbox"/> Out of Occlusion <input type="checkbox"/> Foil on Opposing</p> <p><b>IF NO OCCUSAL CLEARANCE</b>  <input type="checkbox"/> Call <input type="checkbox"/> Email* <input type="checkbox"/> Reduction Coping  <input type="checkbox"/> Mark/Reduce Opposing <input type="checkbox"/> Metal Island  <input type="checkbox"/> Make this a permanent note in my file</p>	<p><b>ZIRCONIA</b>  <input type="checkbox"/> Full Contour* <input type="checkbox"/> Porc to Zirc <input type="checkbox"/> Multi-Layer</p> <p><b>ALL-CERAMIC E.MAX</b>  <input type="checkbox"/> IPS e.max layered <input type="checkbox"/> IPS e. max Veneer  <input type="checkbox"/> IPS e.max: ___ Inlay ___ Onlay  <b>Stump Shade required</b> _____</p> <p><b>CUSTOM ABUTMENTS / IMPLANTS</b>  <input type="checkbox"/> Titanium* <input type="checkbox"/> Gold Hue Titanium  <input type="checkbox"/> Gold Alloy <input type="checkbox"/> Zirconia w/ Ti-Base  <input type="checkbox"/> Prepare existing abutment <input type="checkbox"/> OEM Custom</p> <hr/> <p><b>Implant System</b> _____</p> <p><b>Implant Size</b> _____ mm</p> <p><input type="checkbox"/> Cement Retained* <input type="checkbox"/> Screw-Retained</p> <p><input type="checkbox"/> Splinted* <input type="checkbox"/> Individual Units</p> <p>Abutment #s _____ Pontic #s _____</p> <p>Total Units _____</p> <p><b>PONTIC DESIGN</b>  <input type="checkbox"/>  Modified Ridge Lap <input type="checkbox"/>  Bullet  <input type="checkbox"/>  Hygienic <input type="checkbox"/>  Ridge Lap*</p>
<p><b>DENTURES / FLEXIBLE PARTIALS</b>  <input type="checkbox"/> Upper <input type="checkbox"/> Lower  <input type="checkbox"/> Denture <input type="checkbox"/> Overdenture <input type="checkbox"/> Flexible TCS  <input type="checkbox"/> Immediate <input type="checkbox"/> Custom tray <input type="checkbox"/> Bite block  <input type="checkbox"/> Wax set-up try-in <input type="checkbox"/> Reset <input type="checkbox"/> Finish</p> <hr/> <p><b>Tooth Setup</b> <input type="checkbox"/> Ideal <input type="checkbox"/> Characterized  <input type="checkbox"/> Study Model</p> <hr/> <p><b>TOOTH SHADE</b>  <input type="checkbox"/> Shade _____ Mould _____                  8 in-lab days all stages</p>	<p><b>METAL PARTIALS</b>  <input type="checkbox"/> Upper <input type="checkbox"/> Lower  <b>Frame Type:</b> <input type="checkbox"/> Standard SLM* <input type="checkbox"/> Vitallium 2000  <b>Duplicate Model:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No*  <b>Add Cosmetic Clasps:</b> <input type="checkbox"/> Flexible <input type="checkbox"/> Tooth-Colored  <input type="checkbox"/> Custom tray <input type="checkbox"/> Frame try-in <input type="checkbox"/> Frame w/ bite block  <input type="checkbox"/> Frame w/ set-up try-in <input type="checkbox"/> Reset <input type="checkbox"/> Finish</p> <hr/> <p><input type="checkbox"/> <b>ACETAL PARTIALS /</b> <input type="checkbox"/> <b>VISICLEAR PARTIALS</b>  <input type="checkbox"/> Upper <input type="checkbox"/> Lower  <input type="checkbox"/> Custom tray <input type="checkbox"/> Frame try-in <input type="checkbox"/> Frame w/ bite block  <input type="checkbox"/> Frame w/ set-up try-in <input type="checkbox"/> Reset <input type="checkbox"/> Finish</p> <hr/> <p><b>ACRYLIC FLIPPERS/PARTIALS</b>  <input type="checkbox"/> Upper <input type="checkbox"/> Lower                  Wrought Wire Clasps: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p>	<p><b>ACRYLIC TISSUE SHADE</b>                  Acrylic <input type="checkbox"/> Original* <input type="checkbox"/> Light <input type="checkbox"/> Light Reddish <input type="checkbox"/> Dark                  tcs Flexible: <input type="checkbox"/> Std* <input type="checkbox"/> Light <input type="checkbox"/> Light/Dark <input type="checkbox"/> Dark <input type="checkbox"/> Natural</p> <hr/> <p><b>NIGHTGUARDS / RETAINERS</b>  <input type="checkbox"/> Upper <input type="checkbox"/> Lower  <input type="checkbox"/> Hard/Soft <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Impak H/S (milled)  <input type="checkbox"/> Hawley Retainer <input type="checkbox"/> Essix <input type="checkbox"/> Space Maintainer</p> <hr/> <p><b>REPAIRS</b>  <input type="checkbox"/> Reline <input type="checkbox"/> Soft Liner <input type="checkbox"/> Add Teeth <input type="checkbox"/> Replace Teeth  <input type="checkbox"/> Fracture <input type="checkbox"/> Rebase/Jump <input type="checkbox"/> Add Mesh                  Add Clasp: <input type="checkbox"/> Weld* <input type="checkbox"/> Wire <input type="checkbox"/> Itsoclear <input type="checkbox"/> Flexible  <input type="checkbox"/> Tooth Colored: _ A1 _A2 _A3.5 _B1 _Bleach</p>	<p><b>SNORING / SLEEP APNEA DEVICES</b>  <b>Upper &amp; lower models with bite required</b>  <input type="checkbox"/> Silent Nite* <input type="checkbox"/> EMA <input type="checkbox"/> TAP <input type="checkbox"/> TAP 3L  <input type="checkbox"/> dreamTAP <input type="checkbox"/> OASYS Hinge <input type="checkbox"/> Scan/Save File</p> <hr/> <p><b>SMILE SHAPERS CLEAR ALIGNERS*</b>                  *per arch; requires Pre-submission Rx form</p> <hr/> <p><b>SPORTS MOUTHGUARDS</b>  <input type="checkbox"/> Upper <input type="checkbox"/> Lower                  Color _____</p> <hr/> <p><b>*Standard unless specified otherwise</b>                  Lab use only PAN# _____</p>

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (see reverse for limited warranty details)

## 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.

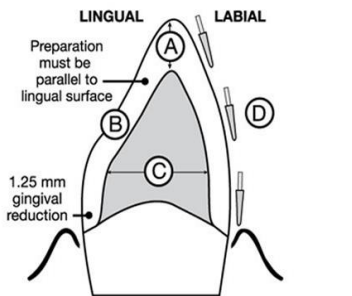
<b>Fixed Restorations</b>	8 Days
<b>Removables all stages</b>	8 Days
Digital Impressions	-2 Days
<b>Custom Abutments / Implant Crowns</b>	+2 Days
Mouthguards / Sports guards	6 Days
Orthodontics	7 Days
Sleep Apnea / Snoring Devices	8 Days

**Rush service available** but must be **pre-scheduled by calling 877.622.3533** before the case is shipped.

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

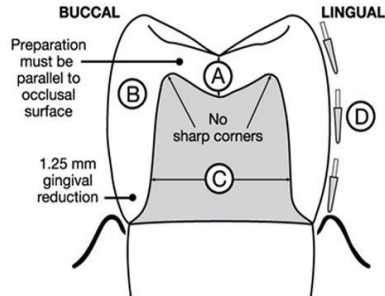
### PREPARATION GUIDELINES

#### PFM ANTERIOR



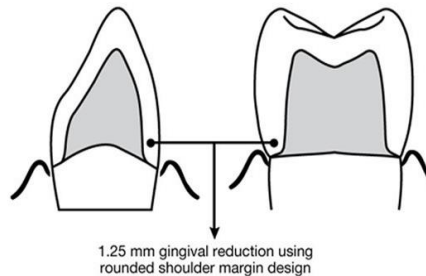
- A. 2 mm incisal reduction
- B. 1.5 mm middle third reduction
- C. Labial and lingual walls must be convergent
- D. Preparation should be cut in three planes

#### PFM POSTERIOR

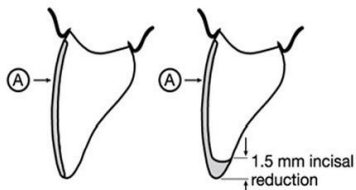


- A. 2 mm occlusal reduction
- B. 1.5 mm middle third reduction
- C. Buccal and lingual walls must be convergent
- D. Preparation should be cut in three planes

#### PFM-PORCELAIN LABIAL OR 360° MARGIN

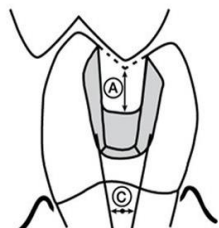


#### ALL-CERAMIC/COMPOSITE VENEERS



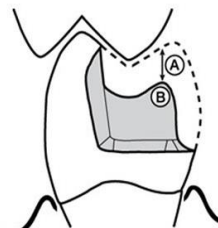
- A. 0.3 to 1 mm labial reduction

#### INLAY

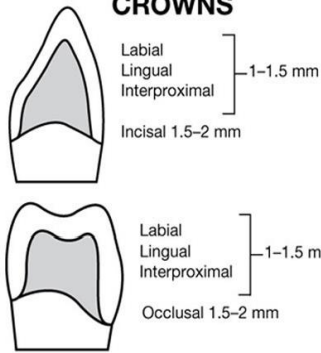


- A. 1.5 to 2 mm occlusal reduction
- B. Round all sharp line angles, occlusal edges and eliminate undercuts.
- C. Proximal and occlusal walls should have 6-8 degrees taper.

#### ONLAY



#### ALL-CERAMIC/COMPOSITE CROWNS



## TERMS AND WARRANTY INFORMATION

We honor VISA, MASTERCARD, AMEX AND DISCOVER.

**TERMS:** Credit card required on file and auto payment. Cost of collection of any account will be paid by the customer. **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 and all impressions and models.

**LIMITED WARRANTY/LIMITATION OF LIABILITY:** For warranty terms and conditions and limitation of liability, visit [mabeldental.com/policies-and-warranty/](http://mabeldental.com/policies-and-warranty/)

Email: [support@mabeldental.com](mailto:support@mabeldental.com)

Website: [www.mabeldental.com](http://www.mabeldental.com)

Download Prescription Rx: [mabeldental.com/labtolab](http://mabeldental.com/labtolab)

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