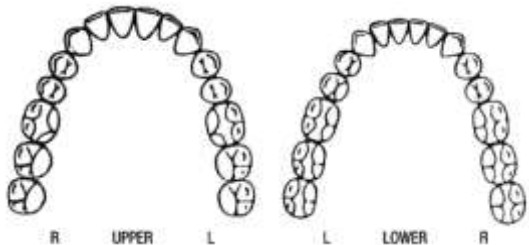




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<p>SPECIAL INSTRUCTIONS Please Draw Design</p>  <p><input type="checkbox"/> Carve Brackets <input type="checkbox"/> Anterior Bite Plane <input type="checkbox"/> Posterior Bite Plane</p> <p><i>*Standard unless specified otherwise.</i></p>	<p>EXPANSION/ARCH DEVELOPMENT</p> <p><input type="checkbox"/> Bonded R.P.E. <input type="checkbox"/> Haas R.P.E. <input type="checkbox"/> Nord <input type="checkbox"/> Hilgers Pendulum <input type="checkbox"/> Hilgers Pendex <input type="checkbox"/> Fixed Traverse <input type="checkbox"/> Hilgers T-Rex <input type="checkbox"/> Quad Helix <input type="checkbox"/> Crowned Expander <input type="checkbox"/> "W" Expansion <input type="checkbox"/> Upper Crown Expander <input type="checkbox"/> Schwarz <input type="checkbox"/> Add Headgear Hooks</p> <hr/> <p>HABIT APPLIANCES</p> <p><input type="checkbox"/> Habit Rake <input type="checkbox"/> Blue Grass <input type="checkbox"/> Tongue Crib <input type="checkbox"/> Thumb Crib</p> <hr/> <p>HOLDING APPLIANCES</p> <p><input type="checkbox"/> Fixed Transpalatal <input type="checkbox"/> Nance <input type="checkbox"/> Lingual 6x6 <input type="checkbox"/> Lingual 3x3 <input type="checkbox"/> Fixed Anterior Bite Plane</p> <hr/> <p><input type="checkbox"/> Decal Design or personalized acrylic Please specify _____</p>	<p>HAWLEY RETAINERS</p> <p><input type="checkbox"/> Hawley – Please Diagram <input type="checkbox"/> Hawley – Wrap Around or other design – please specify <input type="checkbox"/> ClearBow Component</p> <hr/> <p>ESSIX</p> <p><input type="checkbox"/> Essix Retainer <input type="checkbox"/> Essix Plus <input type="checkbox"/> Essix Temporary¹ ¹Please indicate specific needs</p> <hr/> <p>SPRING ALIGNER</p> <p><input type="checkbox"/> Modified <input type="checkbox"/> Super Modified <input type="checkbox"/> Mushroom <input type="checkbox"/> Modified Mushroom</p> <hr/> <p>RESET CIRCLED TEETH R 3 2 1 1 2 3 L R 3 2 1 1 2 3 L</p>	<p>REMOVABLES</p> <p><input type="checkbox"/> Upper <input type="checkbox"/> Lower</p> <p><input type="checkbox"/> Bleaching Trays <input type="checkbox"/> Invisible Retainers <input type="checkbox"/> Nightguard – Soft <input type="checkbox"/> Nightguard – Hard Processed³ <input type="checkbox"/> Nightguard – Hard/Soft</p> <hr/> <p>SMILE SHAPERS® CLEAR ALIGNERS*</p> <p><input type="checkbox"/> Limited 6 <input type="checkbox"/> Limited 12 <input type="checkbox"/> Unlimited <small>*per arch; requires Pre-submission Rx form</small></p> <hr/> <p>Please indicate acrylic color or DESIGN (see color chart) _____</p>	
<p>TWIN BLOCK</p> <p><input type="checkbox"/> Standard <input type="checkbox"/> McNamara</p>	<p>ATHLETIC MOUTHGUARDS</p> <p><input type="checkbox"/> Upper <input type="checkbox"/> Lower</p> <p><small>we have mouthguards for all sports and occasions, available in a variety of colors and options. Most are customizable with logos. Contact us for more information</small></p>	<p>CONTEMPORARY (Opaque Finish)</p> <p><input type="checkbox"/> Tangerine <input type="checkbox"/> Lemon <input type="checkbox"/> Blueberry <input type="checkbox"/> Snow White <input type="checkbox"/> Licorice <input type="checkbox"/> Lime</p> <hr/> <p>NEON GLOW (Opaque Finish)</p> <p><input type="checkbox"/> Glow <input type="checkbox"/> Pink <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Orange <input type="checkbox"/> Yellow <input type="checkbox"/> Strawberry</p> <hr/> <p>BIOCRYL (Clear Finish)</p> <p><input type="checkbox"/> Red <input type="checkbox"/> Dark Blue <input type="checkbox"/> Green <input type="checkbox"/> Light Blue</p>	<p>TROPICAL (Opaque Finish)</p> <p><input type="checkbox"/> Ocean Blue <input type="checkbox"/> Lava Red <input type="checkbox"/> Purple Sunset <input type="checkbox"/> Tide Teal <input type="checkbox"/> Banana Yellow <input type="checkbox"/> Mango Orange <input type="checkbox"/> Paradise Pink <input type="checkbox"/> Key Lime Green</p> <hr/> <p>RAINBOW² (Clear Finish)</p> <p><input type="checkbox"/> Yellow <input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Clear <input type="checkbox"/> Clear Pink <input type="checkbox"/> Clear Blue <small>²Available in sparkle</small></p>	<p>SNORING/SLEEP APPLIANCES³</p> <p><input type="checkbox"/> Silent Nite sl <input type="checkbox"/> Oasys Hinge Appliance <input type="checkbox"/> EMA <input type="checkbox"/> dreamTAP <input type="checkbox"/> TAP 3 TL <input type="checkbox"/> TAP <input type="checkbox"/> EMA <input type="checkbox"/> Scan/Save File</p> <p>³Upper and lower impressions or models with bite required</p>
<p>BIONATOR (to)</p> <p><input type="checkbox"/> Open Bite <input type="checkbox"/> Close Bite <input type="checkbox"/> Maintain <input type="checkbox"/> Special Design</p>	<p>SPACE MAINTAINER/REGAINER</p> <p><input type="checkbox"/> Band and Loop Appliance <input type="checkbox"/> Jack Screw Regainer <input type="checkbox"/> Distal Jet</p>	<p>SAGITAL</p> <p><input type="checkbox"/> Standard <input type="checkbox"/> 2 Screw <input type="checkbox"/> 3 Screw <input type="checkbox"/> Other (draw design)</p>		

Signature _____
(see next page for warranty details)

License# _____

Date _____

Lab Use Only: Pan# _____

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.

ORTHODONTIC DEVICES	
Retainers, Active Plates, Soldered & Splints	7 Days
Functional, Herbst & Herbst Sleep	10 Days
Elastodontics, Sleep & Study Models	7 Days

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

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 mabedental.com/policies-and-warranty/

support@mabedental.com
www.mabedental.com