

Dr. Name _____ Phone # _____ Deliver by 5 p.m. on See Next Page For Working Times

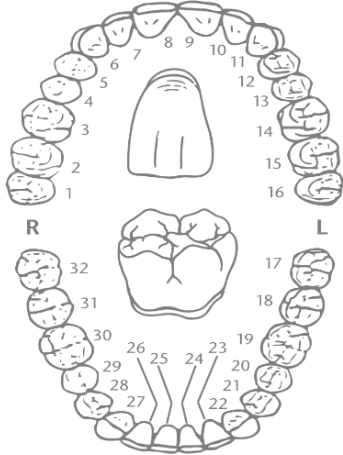
Address _____ Email _____

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.

Signature _____

(see reverse for limited warranty and turnaround)


Date _____

License # _____

CROWN LINE
 STANDARD* ELITE

Teeth #s _____

SHADE _____



Cervical _____
 Body _____
 Incisal _____

OCCUSAL STAINING
 None* Light
 Medium Dark

PMMA TEMPORARY

PORCELAIN FUSED TO METAL
 Non-Precious* Noble
 Yellow High Noble White High Noble

FULL-CAST
 Non-Precious Silver 2% Yellow Gold*
 40% YGold 60% YGold 40% White

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

CONTACT STYLE
 Light Normal* Heavy
 Narrow Broad Heavy/Broad

OCCUSAL CLEARANCE
 In Occlusion* Light Occlusion
 Out of Occlusion Foil on Opposing

IF NO OCCUSAL CLEARANCE
 Call Email* Reduction Coping
 Mark/Reduce Opposing Metal Island
 Make this a permanent note in my file

ZIRCONIA
 Full Contour* Porc to Zirc Multi-Layer

ALL-CERAMIC E.MAX
 IPS e.max layered IPS e. max Veneer
 IPS e.max: Inlay Onlay
Stump Shade required _____

CUSTOM ABUTMENTS / IMPLANTS
 Titanium* Gold Hue Titanium
 Gold Alloy Zirconia w/ Ti-Base
 Prepare existing abutment OEM Custom

Implant System _____

Implant Size _____ mm

Cement Retained* Screw-Retained

Splinted* Individual Units

Abutment #s _____ Pontic #s _____

Total Units _____

PONTIC DESIGN

Modified Ridge Lap Bullet
 Hygienic Ridge Lap*

DENTURES / FLEXIBLE PARTIALS
 Upper Lower
 Denture Overdenture Flexible TCS
 Immediate Custom tray Bite block
 Wax set-up try-in Reset Finish

Tooth Setup Ideal Characterized
 Study Model

CASE TYPE & TEETH SELECTION

Advantage Shade _____ Mould _____
 8 in-lab days all stages

Standard* Shade _____ Mould _____

Premium Shade _____ Mould _____

METAL PARTIALS
 Upper Lower

Frame Type:
 Standard SLM* Vitallium 2000 Advantage
Add Cosmetic Clasps: Flexible Tooth-Colored
 Custom tray Frame try-in Frame w/ bite block
 Frame w/ set-up try-in Reset Finish

ACETAL PARTIALS / **VISICLEAR PARTIALS**
 Upper Lower
 Custom tray Frame try-in Frame w/ bite block
 Frame w/ set-up try-in Reset Finish

ACRYLIC FLIPPERS/PARTIALS
 Upper Lower
 with Wrought Wire Clasps: Yes No*

ACRYLIC SHADE
Acrylic: Original* Light Light Reddish Dark
tcs Flexible: Std* Light Light Dark Dark Natural

NIGHTGUARDS / RETAINERS
 Upper* Lower
 Hard/Soft: ___ Clear* ___ Green ___ Pink ___ Blue
 Soft Hard processed acrylic Impak H/S
 Hawley Retainer Essix Space Maintainer

REPAIRS
 Reline Soft Liner Add Teeth Replace Teeth
 Fracture Rebase/Jump Add Mesh Add Wire
 Add Clasp: Cast* Wire Itsoclear Flexible
 Tooth Colored: ___ A1 ___ A2 ___ A3.5 ___ B1 ___ Bleach

SNORING / SLEEP APNEA DEVICES
Upper & lower models with bite required
 Silent Nite EMA TAP 3L
 dreamTAP OASYS Hinge Scan/Save File

SMILE SHAPERS CLEAR ALIGNERS
 *see separate Rx online

SPORTS MOUTHGUARDS
 Upper Lower
 Color _____

***Standard unless specified otherwise.**
 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.

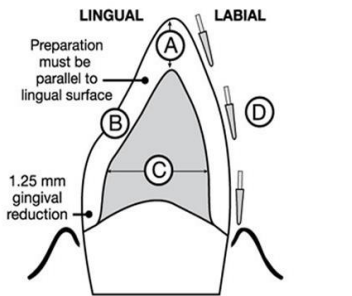
Standard Crown Restorations	8 Days	Flexible Partial start to completion	8 Days
Elite Crown Restorations	9 Days	Flipper / Acrylic Partial	4 Days
Custom Abutments / Implant Crowns	+2 Days	Splints: Hard/Soft; Hard; Soft	4 Days
Metal VisiClear Acetal Frames	8 Days	Relines: Hard / Soft	2 Days
Metal Frame with teeth and wax	10 Days	Repairs: Acrylic	2 Days
Metal Partial to finish	12 Days	Repairs: Metal Work - Laser Weld	5 Days
Bite Blocks / Custom Trays	2 Days	Mouthguards	4 Days
Denture setup try-in with teeth	4 Days	Orthodontics	7 Days
Finish after set-up try-in	4 Days	Sleep Apnea / Snoring Devices	8 Days
Finish after set-up try-in (flexibles)	8 Days	Advantage Removables all stages	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. Deduct 2 days for most digital cases.

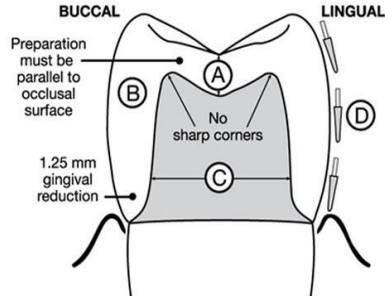
PREPARATION GUIDELINES

PFM ANTERIOR



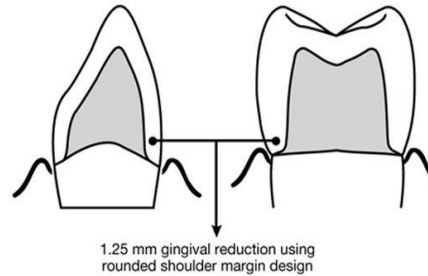
- A. 2 mm incisal reduction
- B. 1.5 mm middle third reduction
- C. Labial and lingual walls must be convergent
- D. Preparation should be cut in three planes

PFM POSTERIOR

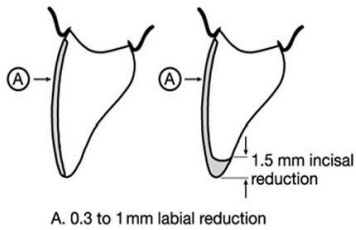


- A. 2 mm occlusal reduction
- B. 1.5 mm middle third reduction
- C. Buccal and lingual walls must be convergent
- D. Preparation should be cut in three planes

PFM-PORCELAIN LABIAL OR 360° MARGIN

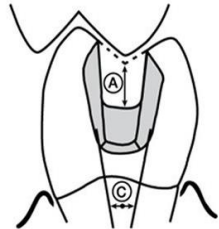


ALL-CERAMIC/COMPOSITE VENEERS



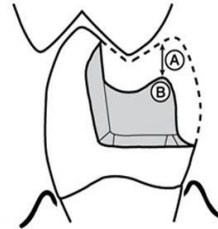
- A. 0.3 to 1 mm labial reduction

INLAY

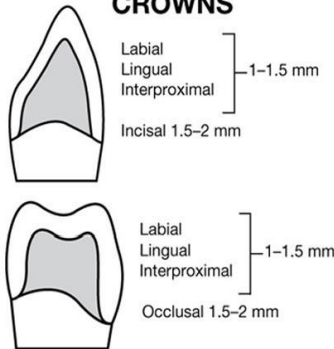


- A. 1.5 to 2 mm occlusal reduction
- B. Round all sharp line angles, occlusal edges and eliminate undercuts.
- C. Proximal and occlusal walls should have 6-8 degrees taper.

ONLAY



ALL-CERAMIC/COMPOSITE CROWNS



TERMS AND WARRANTY INFORMATION

We honor VISA, MASTERCARD, AMEX AND DISCOVER.

TERMS: 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 including models and impressions.

LIMITED WARRANTY/LIMITATION OF LIABILITY: For warranty terms and conditions and limitation of liability, visit mabeldental.com/policies-and-warranty/

Email: support@mabeldental.com

Website: www.mabeldental.com

Download Prescription Rx
mabeldental.com/downloads

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