



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

Lab Name _____ Phone # _____ Deliver by 5 p.m. on _____ See Reverse for Times

Address _____ E-mail _____

Patient Name _____ Male Female Age _____
 First Last

Enclosed with case: Impressions Models Bite Photos Other: _____
 Email case photos to: support@mabeldental.com

	<p>ZIRCONIA</p> <input type="checkbox"/> Full Contour* <input type="checkbox"/> Multi-Layered <input type="checkbox"/> Porcelain to Zirconia	<p>PORCELAIN FUSED TO METAL</p> <input type="checkbox"/> Non-Precious* <input type="checkbox"/> Noble <input type="checkbox"/> Yellow High Noble <input type="checkbox"/> White High Noble
	<p>ALL-CERAMIC</p> <input type="checkbox"/> IPS e.max layered <input type="checkbox"/> IPS e. max Veneer <input type="checkbox"/> IPS e.max Inlay/Onlay STUMP SHADE required _____	<p>FULL-CAST</p> <input type="checkbox"/> Non-Precious Silver <input type="checkbox"/> 2% YGold* <input type="checkbox"/> 40% Yellow Gold <input type="checkbox"/> 60% YGold <input type="checkbox"/> 40% White Gold
	<p><input type="checkbox"/> PMMA TEMPORARY</p> <p><input type="checkbox"/> Splinted* <input type="checkbox"/> Individual Units Abutment #s _____ Pontic #s _____ Total Units _____</p>	<p>POST & CORE</p> <input type="checkbox"/> Non-Precious* <input type="checkbox"/> Noble <input type="checkbox"/> High Noble
	<p>PONTIC DESIGN</p> <input type="checkbox"/> Modified Ridge Lap <input type="checkbox"/> Bullet <input type="checkbox"/> Hygienic <input type="checkbox"/> Ridge Lap*	<p>METAL DESIGN</p> <input type="checkbox"/> Traditional PFM (w 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 Band 360° <input type="checkbox"/> Show no metal
<p>SHADE _____ Cervical _____ Teeth #s _____ Body _____ Incisal _____</p> <p>OCCLUSAL STAINING</p> <input type="checkbox"/> None* <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark	<p>CUSTOM ABUTMENTS</p> <input type="checkbox"/> Titanium* <input type="checkbox"/> Zirconia with Titanium Base <input type="checkbox"/> Gold Colored Titanium <input type="checkbox"/> Gold Alloy <input type="checkbox"/> OEM Custom	<p>IF NO OCCLUSAL CLEARANCE</p> <input type="checkbox"/> Call <input type="checkbox"/> Email* <input type="checkbox"/> Fax <input type="checkbox"/> Reduction coping <input type="checkbox"/> Spot/Mark/Reduce opposing <input type="checkbox"/> Place Metal Island
<p>IMPLANTS</p> <input type="checkbox"/> Cement-Retained* <input type="checkbox"/> Screw-Retained <input type="checkbox"/> Place Screw Access Hole	<p>Would you like this to be a permanent note in your file? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>METAL TRY-IN</p> <input type="checkbox"/> Yes <input type="checkbox"/> No*	<p>CONTACT STYLE</p> <input type="checkbox"/> Normal* <input type="checkbox"/> Light <input type="checkbox"/> Broad <input type="checkbox"/> Narrow <input type="checkbox"/> Heavy/Broad <input type="checkbox"/> Heavy
<p>Implant System _____ (if applicable)</p> <p>Implant Diameter _____ mm</p>	<p>Fit to Existing Partial?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No*	<p>OCCLUSAL CLEARANCE</p> <input type="checkbox"/> In Occlusion* <input type="checkbox"/> Light Occlusion <input type="checkbox"/> Out of Occlusion <input type="checkbox"/> Die Spacer on Opposing <input type="checkbox"/> Foil on Opposing

Signature _____
 (see reverse for warranty details)

License# _____

Date _____

Lab Use Only: Pan# _____

IN-LAB WORKING TIMES

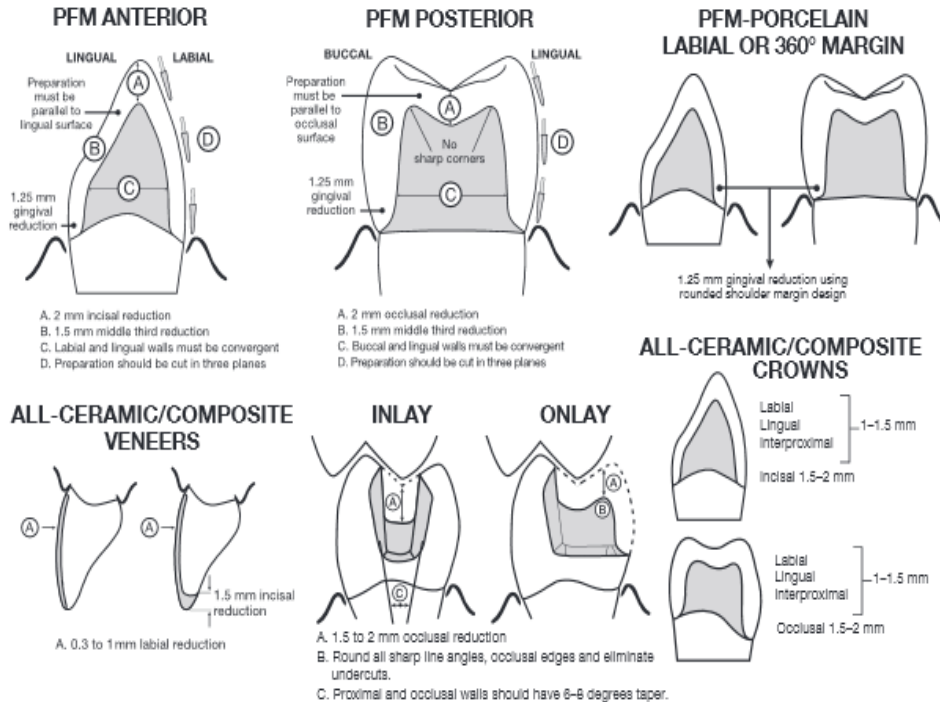
Please allow full working time for each product selected.

Working times are NOT guaranteed and do NOT include weekends or holidays.

Crowns	8 Days
Digital Impressions	6 Days
Implants/Custom Abutments	Add 2 Days

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

Preparation Guidelines



TERMS AND WARRANTY INFORMATION

We honor VISA, MASTERCARD, AMEX AND DISCOVER.

TERMS: 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 models, impressions and dies.

LIMITED WARRANTY/LIMITATION OF LIABILITY:

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

Try our Removable & Orthodontic products too!

Email: support@mabedental.com

Website: www.mabedental.com

Download Prescription Rx:
mabedental.com/labtolab