



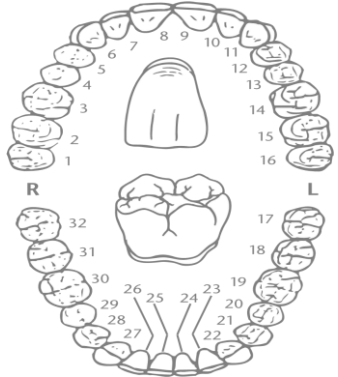
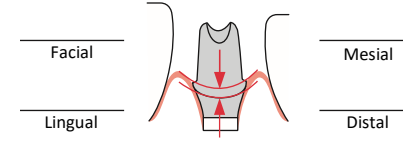
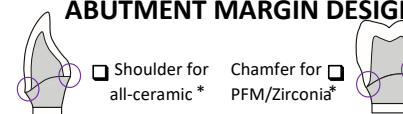
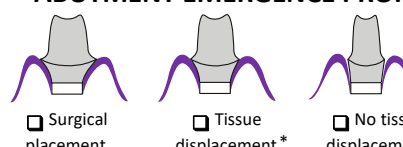
891 Graham Rd Ste C • Cuyahoga Falls, OH 44221
877.622.3533 • Fax 234.407.4007
 mabeldental.com

Lab Name _____ Phone # _____ Deliver by 5 p.m. on _____ 10 in lab days

Address _____ E-mail _____

Patient Name _____ Male Female Age _____
 First Last

Enclosed with case: Impressions Models Bite Photos Coping Analog Abutment
 Email case photos to: **support@mabeldental.com**

 <p><input type="checkbox"/> Cement-Retained* <input type="checkbox"/> Screw-Retained</p> <p>Teeth #s _____ Cervical _____ Shade _____ Body _____ Incisal _____</p>	<p style="text-align: center;">ZIRCONIA</p> <p><input type="checkbox"/> Full Contour* <input type="checkbox"/> Multi-Layered <input type="checkbox"/> Porcelain to Zirconia</p>	<p style="text-align: center;">PORCELAIN FUSED TO METAL</p> <p><input type="checkbox"/> Non-Precious* <input type="checkbox"/> Noble <input type="checkbox"/> High Noble White <input type="checkbox"/> High Noble Yellow</p>	<p style="text-align: center;">CUSTOM ABUTMENTS</p> <p><input type="checkbox"/> Titanium* <input type="checkbox"/> Gold Colored Titanium <input type="checkbox"/> Zirconia with Titanium Base <input type="checkbox"/> Gold Alloy <input type="checkbox"/> OEM Custom <input type="checkbox"/> Prepare existing abutment</p>	
	<p style="text-align: center;">ALL-CERAMIC</p> <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>	<p style="text-align: center;">FULL-CAST</p> <p><input type="checkbox"/> Non-precious <input type="checkbox"/> 2% Yellow* <input type="checkbox"/> 40% White Gold <input type="checkbox"/> 60% Yellow Gold</p>	<p style="text-align: center;">Indicate Implant System</p> <p>_____</p> <p style="text-align: center;">Indicate Implant size _____ mm</p>	
	<p style="text-align: center;">BRIDGES</p> <p>Abutment #s _____ Pontic #s _____ Total Units _____</p> <p><input type="checkbox"/> Splinted* <input type="checkbox"/> Individual Units</p>	<p style="text-align: center;">PARALLEL ABUTMENTS</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (indicate which abutments will have restorations splinted together for insertion)</p>		<p style="text-align: center;">ABUTMENT MARGIN DEPTH</p> <p>_____ mm</p>  <p style="text-align: center;"><small>If left blank, default values will be used</small></p>
	<p style="text-align: center;">PONTIC DESIGN</p> <p><input type="checkbox"/> Modified Ridge Lap <input type="checkbox"/> Bullet <input type="checkbox"/> Hygienic <input type="checkbox"/> Ridge Lap*</p>	<p style="text-align: center;">PMMA TEMPORARY</p>		<p style="text-align: center;">ABUTMENT MARGIN DESIGN</p>  <p><input type="checkbox"/> Shoulder for all-ceramic* <input type="checkbox"/> Chamfer for PFM/Zirconia*</p>
<p style="text-align: center;">METAL TRY-IN</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No*</p>	<p style="text-align: center;">NOTES / INSTRUCTIONS</p>		<p style="text-align: center;">OCCLUSAL CLEARANCE</p> <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</p>	
<p style="text-align: center;">OCCLUSAL STAINING</p> <p><input type="checkbox"/> None* <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark</p>	<p style="text-align: center;">METAL DESIGN</p> <p><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 Band 360° <input type="checkbox"/> Show no metal</p>		<p style="text-align: center;">METAL RESTS/GUIDEPLANES</p> <p><input type="checkbox"/> Cingulum Rest <input type="checkbox"/> Mesial Rest <input type="checkbox"/> Distal Rest <input type="checkbox"/> Mesial Guideplane <input type="checkbox"/> Distal Guideplane <input type="checkbox"/> Lingual Ledge</p>	
<p style="text-align: center;">CONTACT STYLE</p> <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>	<p style="text-align: center;">IF NO OCCLUSAL CLEARANCE</p> <p><input type="checkbox"/> Call <input type="checkbox"/> Email <input type="checkbox"/> Fax <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 master file</p>		<p style="text-align: center;">POST & CORE</p> <p><input type="checkbox"/> Non-Precious* <input type="checkbox"/> Noble <input type="checkbox"/> High Noble</p>	
<p style="text-align: center;">Fit to Existing Partial?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No*</p>			<p style="text-align: center;">ABUTMENT EMERGENCE PROFILE</p>  <p><input type="checkbox"/> Surgical placement <input type="checkbox"/> Tissue displacement* <input type="checkbox"/> No tissue displacement</p> <p style="text-align: center;">*Standard unless specified otherwise.</p>	

Signature _____
(see reverse for warranty details)

License# _____

Date _____

Lab Use Only: Pan# _____

IN-LAB WORKING TIMES

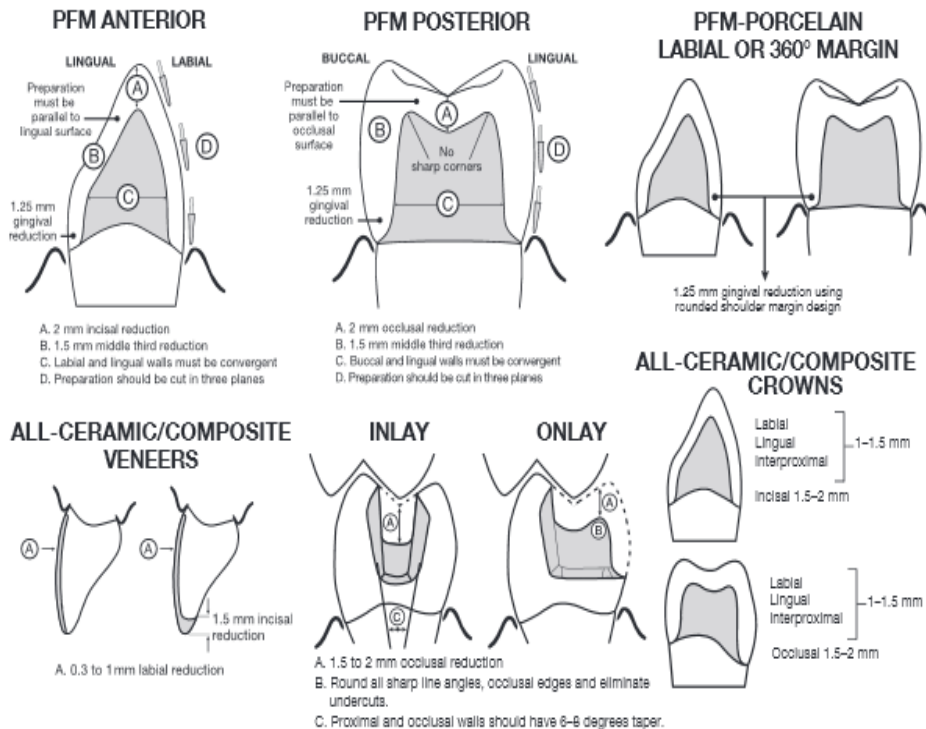
Please allow full working time for each product selected.

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

Standard Implant Cases	10 Days
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Time of pick-up and delivery may affect turnaround time.
Rush service available but **must be prescheduled** before shipping the case.

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.

LIMITED WARRANTY/LIMITATION OF LIABILITY:

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

Try our Removable & Orthodontic products too!

Visit our website for questions regarding implant compatibility.

support@mabeldental.com

www.mabeldental.com