

LABS ONLY - UNIVERSAL RX



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

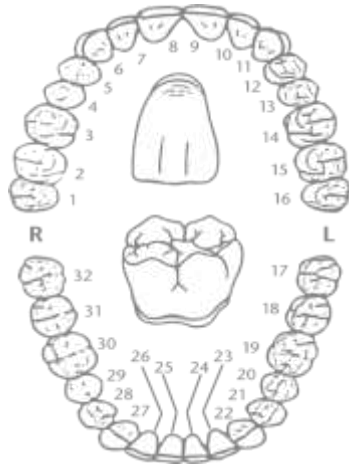
Address _____ Email _____

Patient Name _____ Male Female _____ Age _____

First Last

Enclosed with Case: Impressions Models Bite Photos Other: _____

Email case photos to: support@mabeldental.com




Please mark/note all teeth to be extracted.

Signature _____

(see reverse for limited warranty details)

Date _____

<p>SHADE _____</p> <p>TEETH #s _____</p>  <p>Cervical _____ Body _____ Incisal _____</p> <hr/> <p>OCCUSAL STAINING <input type="checkbox"/> None* <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark</p> <hr/> <p><input type="checkbox"/> PMMA TEMPORARY</p>	<p>PORCELAIN FUSED TO METAL <input type="checkbox"/> Non-Precious* <input type="checkbox"/> Noble <input type="checkbox"/> Yellow High Noble <input type="checkbox"/> White High Noble</p>	<p>ZIRCONIA <input type="checkbox"/> Full Contour* <input type="checkbox"/> Porc to Zirc <input type="checkbox"/> Multi-Layer</p>
	<p>FULL-CAST <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>E.MAX <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>METAL DESIGN <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>CUSTOM ABUTMENTS / IMPLANTS <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>Implant System _____</p> <p>Implant Size _____ mm</p> <p><input type="checkbox"/> Cement Retained* <input type="checkbox"/> Screw-Retained</p>
	<p>CONTACT STYLE <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>OCCLUSAL CLEARANCE <input type="checkbox"/> In Occlusion* <input type="checkbox"/> Light Occlusion <input type="checkbox"/> Out of Occlusion <input type="checkbox"/> Foil on Opposing</p>

<p>ACRYLIC TISSUE SHADE 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>	<p>SNORING / SLEEP APNEA DEVICES <i>Upper & lower models with bite required</i> <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>
<p>NIGHTGUARDS / RETAINERS <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>	<p>SMILE SHAPERS CLEAR ALIGNERS* *per arch; requires Pre-submission Rx form</p>
<p>REPAIRS <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 ○ A3.5 ○ B1</p>	<p>SPORTS MOUTHGUARDS <input type="checkbox"/> Upper <input type="checkbox"/> Lower Color _____</p>

<p>DENTURES / FLEXIBLE PARTIALS <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>Tooth Setup <input type="checkbox"/> Ideal <input type="checkbox"/> Characterized <input type="checkbox"/> Study Model</p> <hr/> <p>TOOTH SHADE <input type="checkbox"/> Shade _____ Mould _____ 8 in-lab days all stages</p>	<p>METAL PARTIALS <input type="checkbox"/> Upper <input type="checkbox"/> Lower Frame Type: <input type="checkbox"/> SLM* <input type="checkbox"/> Vitallium 2000 <input type="checkbox"/> Titanium Duplicate Model: <input type="checkbox"/> Yes <input type="checkbox"/> No* Add Esthetic Clasps: <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"/> DURACETAL PARTIAL / <input type="checkbox"/> VISICLEAR PARTIAL <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>ACRYLIC FLIPPERS/PARTIALS <input type="checkbox"/> Upper <input type="checkbox"/> Lower Wrought Wire Clasps: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p>
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*Standard unless specified otherwise

Lab use only PAN# _____

IN-LAB WORKING TIMES

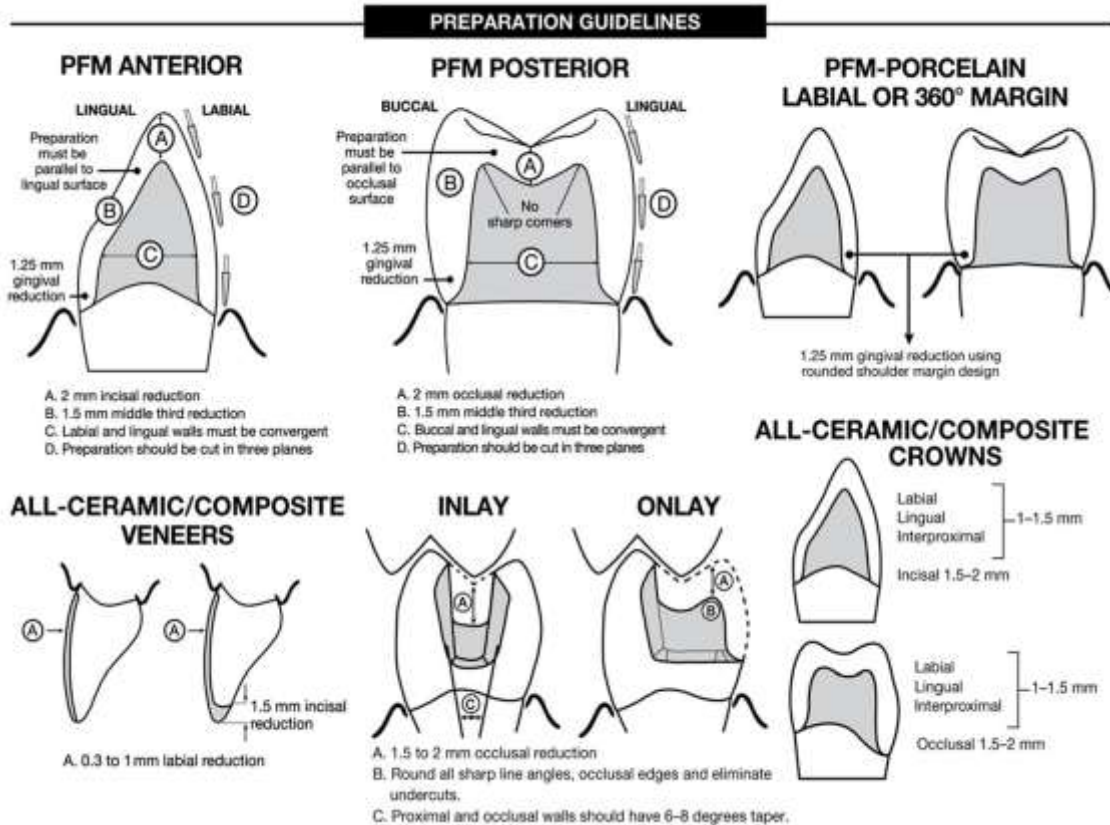
Please allow the full working time for each product selected.

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

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

Rush service available on limited services for a fee 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.



TERMS AND WARRANTY INFORMATION

We honor VISA, MASTERCARD, AMEX AND DISCOVER.

TERMS: Credit card required to be on file with 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. Any declines will result in case holds.**

Prices subject to change without notice.

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. Rx must be enclosed with original case submission.

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

UPLOAD FILES AND VIEW CASES VIA DDX PORTAL

Email: support@mabeldental.com

Website: www.mabeldental.com

Download Prescription Rx: mabeldental.com/labtolab

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