



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

Dr. Name _____ Phone # _____ **Deliver by 5 p.m. on** See Next Page for In-Lab Times

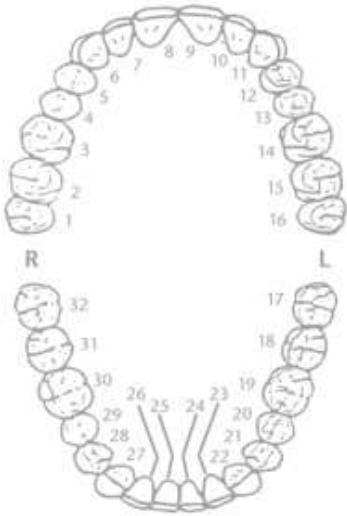
Address _____ Email _____

Patient ID/Name _____ Male Female Age _____
 First Last

Enclosed with case: Impressions Models Bite Photos Other: _____

Send case photos / digital files to: support@mabeldental.com or upload via DDX

Upper Lower



Please mark/note all teeth to be extracted.

Signature _____ License # _____ Date _____
 (see page 2 for limited warranty details)

For the most up to date Rx forms, visit mabeldental.com/downloads

TEETH SELECTION (must match case type)

ADVANTAGE (included at no extra charge) Shade _____ Mould _____
 STANDARD* Shade _____ Mould _____
 PREMIUM Shade _____ Mould _____

TOOTH SET-UP Ideal Characterized Study model (include when patient prefers their existing denture/partial)

DENTURES CASE TYPE Standard* Premium Advantage
 Custom Tray Bite Block Set-up Try-in Reset Finish

DIGITAL DENTURES CASE TYPE Standard*
 3D Printed*: Finish (no try-ins) | Milled: Try-in Finish

METAL PARTIALS CASE TYPE Standard* Premium Advantage
Frame Material: SLM* Titanium Vitallium 2000 Advantage
 Custom Tray Frame Try-in Only Frame with Bite Block
 Frame with Set-up Try-in Reset Finish
Add Esthetic Clasp to Frame: Flexible Tooth Colored: A1 A2 A3.5 B1 Bleach

ACRYLIC FLIPPERS CASE TYPE Standard* Premium Advantage
 with Wrought Wire Clasps: Yes No*
 Custom Tray Bite Block Set-up Try-in Finish

VISICLEAR® PARTIALS CASE TYPE Standard* Premium
 Custom Tray Frame Try-in Only Frame with Bite Block
 Frame with Teeth Set-up Try-in Reset Finish

DURACETAL® PARTIALS CASE TYPE Standard* Premium
 Frame Shade: A1 A2 A3.5 B1 Bleach
 Custom Tray Frame Try-in Only Frame with Bite Block
 Frame with Teeth Set-up Try-in Reset Finish

TISSUE / GUM SHADE (all cases except Flexible Partial) Original* Light Pink Light Reddish Pink Dark Pink (ethnic)

FLEXIBLE PARTIALS CASE TYPE Standard* Premium Advantage
 Custom Tray Bite Block Set-up Try-in Reset Finish
 FLEXIBLE TISSUE SHADE: Standard* Light Light/Dark Dark Natural

NIGHTGUARDS CASE TYPE Standard* Advantage
 Soft Hard Hard/Soft* Impak H/S (milled) 3D Printed (flexi-hard)

SLEEP APNEA/SNORING | SNAP-ON SMILE® | RETAINERS & ORTHO
 Silent Nite TAP 3 TL dreamTAP EMA OASYS Hinge
 Snap On Smile Hawley Essix Smile Shapers® Clear Aligners

REPAIRS CASE TYPE Standard* Advantage
 Reline Soft Liner Fracture Rebase Weld Flexible Repair Mesh
 Add Clasp: Cast* Wrought Wire Flexible Tooth-Colored:
 A1 A2 A3.5 B1 Bleach

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.

Advantage Removables (all stages)	8 days
Frames	8 days
Frame with teeth and wax	8 days
Partials to completion	8 days
Custom Tray / Bite Block	2 days
Denture Wax Set-up Try-in with Teeth	4 days
Process to Finish after set-up try-in	4 days
Process to Finish (<i>flexible partials</i>)	8 days
Flexible Partial start to completion	8 days
Acrylic Flippers	4 days
Nightguards – Soft	2 days
Nightguards – Impak 3D Printed	8 days
Nightguards – Hard Hard/Soft Combo	4 days
Reline – Hard	2 days
Reline – Soft Liner	3 days
Repairs – Add/Replace teeth	1-2 days
Repairs – Laser Weld / Cast Clasp	4 days
Snoring / Sleep Appliances	8 days
Snap On Smile	10 days
Orthodontics – Retainers	7 days
Digital Cases	6 days

Rush cases available on most removable cases but must be pre-scheduled by calling 877.622.3533 before the case is shipped.

Time of pick-up and deliver 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.

NO-FAULT REMAKE POLICY: Mabel Dental Lab is happy to process most 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/

Download Prescription Rx by scanning QR Code:

