

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

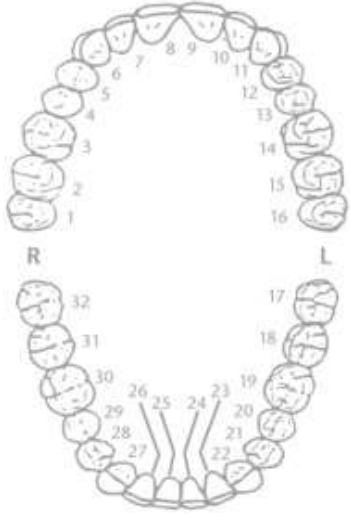
Address _____ Email _____

Patient ID/Name _____ Male Female _____ Age _____

First Last

Enclosed with Case: Impressions Models Bite Photos Other: _____

Send case photos to: support@mabeldental.com or upload to DDX



Please mark / note all teeth to be extracted.

Date _____

Signature _____

(see reverse for limited warranty and turnaround)

License # _____

CROWN LINE

STANDARD* ELITE

Teeth #s _____

SHADE _____



Cervical _____ Body _____ Incisal _____

OCCUSAL STAINING

None* Light Medium Dark

PMMA TEMP CROWN

PORCELAIN FUSED TO METAL

Non-Precious* Noble Yellow High Noble White High Noble

FULL-CAST

Non-Precious 20% Yellow Au* 63% YAu 74% YAu 40% WhiteAu

METAL DESIGN

Traditional PFM (with Lingual Band)* Butt Shoulder with Lingual Band Butt Shoulder no lingual Band All Porcelain 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* Metal occlusion Spot opposing Metal island Make this a permanent note

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

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 Immediate Flexible TCS Digital Denture: 3D Print no try-in Milled Custom tray Bite block 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 – teeth included at no charge Standard* Shade _____ Mould _____ Premium Shade _____ Mould _____

METAL PARTIALS

Upper Lower

Frame Material:

SLM* Titanium Vitallium 2000 Advantage **Add Esthetic Clasp:** Flexible Tooth-Colored Custom tray Frame try-in Frame w/ bite block Frame w/ set-up try-in Reset Finish

DURACETAL | VISICLEAR PARTIALS

Upper Lower

Custom tray Frame try-in Frame w/ bite block Frame w/ set-up try-in Reset Finish

ACRYLIC FLIPPERS

Upper Lower

Wrought Wire Clasps: Yes No*

TISSUE GUM SHADE

ACRYLIC: Original* Light Light Reddish Dark

FLEXIBLE: Std* Light Light Dark Dark Natural

NIGHTGUARDS | RETAINERS

Upper* Lower

Hard/Soft Impak H/S Milled Soft Hard 3D Printed (flexible hard) 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 A3.5 B1

SNORING | SLEEP APNEA DEVICES

Upper & lower models with bite required

Silent Nite EMA TAP 3L flexTAP dreamTAP OASYS Hinge Scan/Save File

CLEAR ALIGNERS – SMILE SHAPERS

*see separate Rx online

SPORTS MOUTHGUARDS

Upper Lower

Color _____ Sport _____ Helmet Strap

*Standard unless specified otherwise

Lab use only PAN# _____

IN-LAB WORKING TIMES

Please allow the full working time for each product selected.

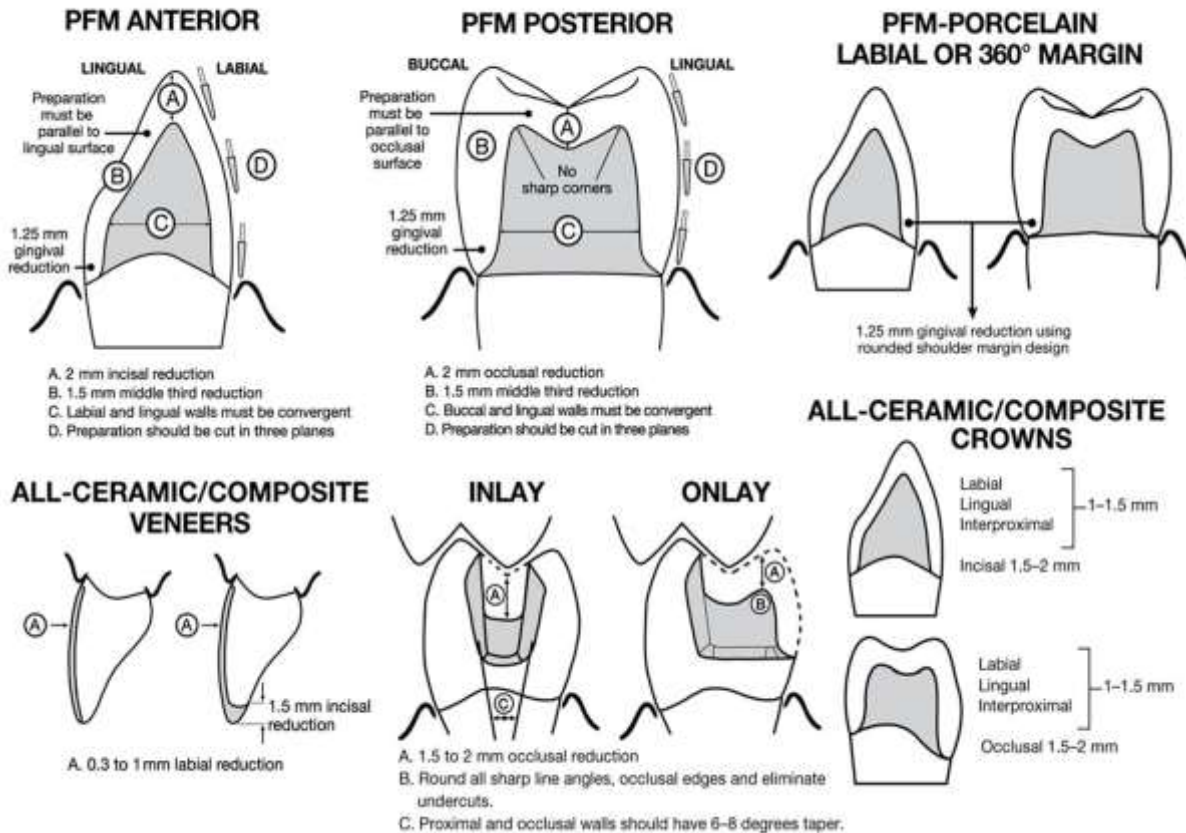
Working times are **NOT** guaranteed and do **NOT** include shipping times, weekends or holidays.

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	4 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



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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