



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

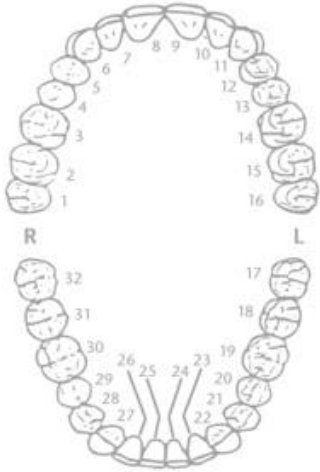
Lab Name _____ Phone # _____ Deliver by 5 p.m. on _____ See Reverse for Times

Address _____ E-mail _____

Patient Name _____ Male Female Age _____
 First Last

Enclosed with case: Impressions Models Bite Photos Other: _____

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



ZIRCONIA
 Full Contour* Multi-Layered
 Porcelain fused to Zirconia

ALL-CERAMIC
 IPS e.max layered IPS e. max Veneer
 IPS e.max Inlay/Onlay
STUMP SHADE _____ required

PMMA TEMPORARY crown

Splinted* Individual Units
 Abutment #s _____ Pontic #s _____
 Total Units _____

PONTIC DESIGN

PORCELAIN FUSED TO METAL
 Non-Precious*
 Noble
 Yellow High Noble
 White High Noble

FULL-CAST
 Non-Precious 2% Yellow Gold*
 40% YGold 63% YGold
 74% YGold* 40% White Gold

POST & CORE
 Non-Precious* Noble
 High Noble

METAL DESIGN
 Traditional PFM (w Lingual Band)*
 Butt Shoulder with Lingual Band
 Butt Shoulder No Lingual Band
 All Porcelain Butt Shoulder 360°
 Metal Band 360°
 Show no metal

CONTACT STYLE
 Normal* Light Heavy/Tight

METAL TRY-IN
 Yes No*

Fit to Existing Partial?
 Yes No*

**Standard if an option is not selected.*

CUSTOM ABUTMENTS
 Titanium*
 Zirconia with Titanium Base
 Gold Colored Titanium
 Gold Alloy OEM Custom

IMPLANTS
 Cement-Retained*
 Screw-Retained
 Place Screw Access Hole

Implant System _____
Implant Diameter _____ mm

OCCLUSAL CLEARANCE
 In Occlusion*
 Light Occlusion
 Out of Occlusion
 Die Spacer on Opposing
 Foil on Opposing

IF NO OCCLUSAL CLEARANCE
 Email* Metal Occlusal
 Reduction coping
 Trim opposing
 Metal Island
 Make this a permanent note

SHADE _____ Cervical _____
Teeth #s _____ Body _____
 _____ Incisal _____

OCCLUSAL STAINING
 None* Light Medium Dark

COPING ONLY: PFM Non-Precious Full Contour

Signature _____ Date _____

Submission of this Rx constitutes agreement with limited warranty terms and conditions. See page 2 for details.

IN-LAB WORKING TIMES

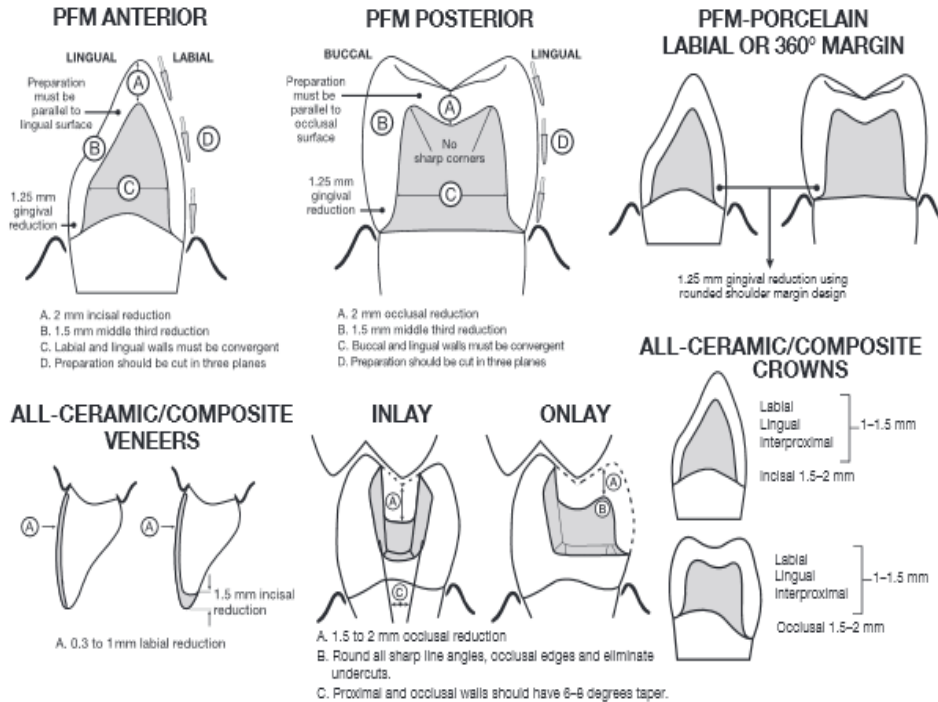
Please allow full working time for each product selected.

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

| | |
|----------------------------------|----------|
| Crowns | 8 Days |
| Digital Impressions | 6 Days |
| Implants/Custom Abutments | + 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: 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 including models and impressions.

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!

Email: support@mabeldental.com

Website: www.mabeldental.com

Download Prescription Rx:
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