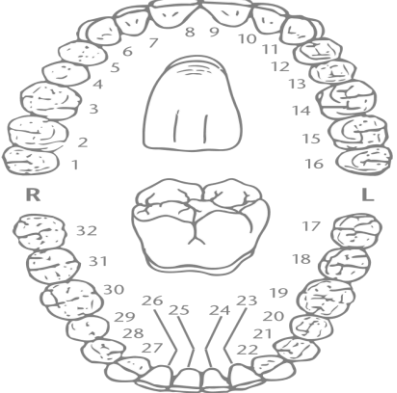
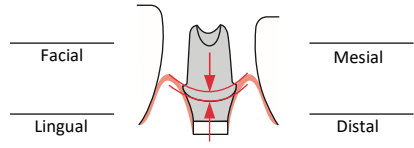
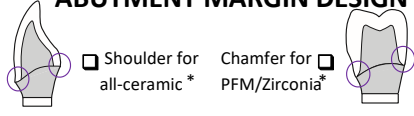
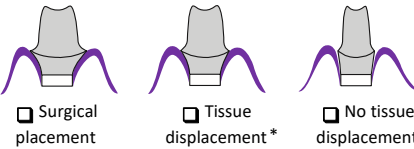




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 <p><input type="checkbox"/> Cement-Retained* <input type="checkbox"/> Screw-Retained</p> <p>Teeth #s _____ Cervical _____ Shade _____ Body _____ Incisal _____</p>	<p align="center">ZIRCONIA</p> <p><input type="checkbox"/> Full Contour* <input type="checkbox"/> Multi-Layered <input type="checkbox"/> Porcelain to Zirconia</p>	<p 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 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 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 align="center">FULL-CAST</p> <p><input type="checkbox"/> Non-precious <input type="checkbox"/> 2% Yellow* <input type="checkbox"/> 40% Gold: __ Yellow* __ White <input type="checkbox"/> 60% Yellow Gold</p>	<p align="center">Indicate Implant System</p> <p>_____</p> <p align="center">Indicate Implant size _____ mm</p>		
	<p align="center">BRIDGES</p> <p>Abutment #s _____ Pontic #s _____ Total Units _____</p> <p><input type="checkbox"/> Splinted* <input type="checkbox"/> Individual Units</p>	<p 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 align="center">ABUTMENT MARGIN DEPTH</p>  <p align="center"><i>If left blank, default values will be used</i></p>		
	<p 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 align="center">PMMA TEMPORARY</p>	<p align="center">ABUTMENT MARGIN DESIGN</p> 		
<p>METAL TRY-IN <input type="checkbox"/> Yes <input type="checkbox"/> No*</p>	<p align="center">NOTES / INSTRUCTIONS</p>	<p 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 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 align="center">ABUTMENT EMERGENCE PROFILE</p> 	
<p>OCCLUSAL STAINING <input type="checkbox"/> None* <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark</p>		<p 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 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 align="center">POST & CORE</p> <p><input type="checkbox"/> Non-Precious* <input type="checkbox"/> Noble <input type="checkbox"/> High Noble</p>	<p align="center">*Standard unless specified otherwise.</p>
<p>CONTACT STYLE <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>Fit to Existing Partial? <input type="checkbox"/> Yes <input type="checkbox"/> No*</p>			

Signature _____
 (see reverse for warranty details)

License# _____

Date _____

Lab Use Only: Pan# _____

IN-LAB WORKING TIMES

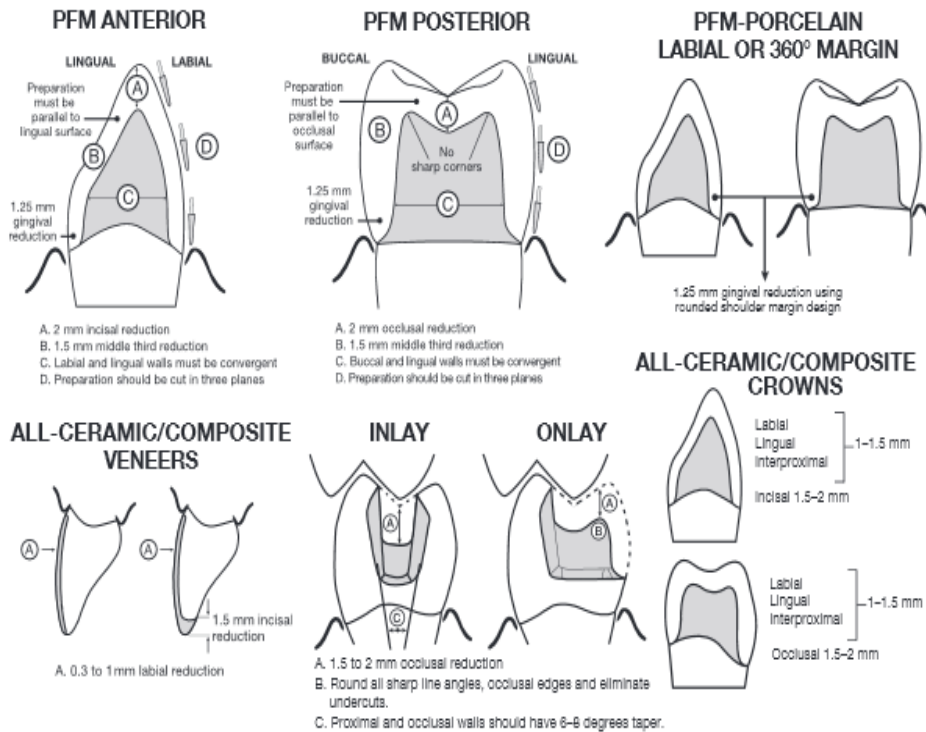
Please allow full working time for each product selected.

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

Physical Impressions	10 Days
Digital Impressions	8 Days

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: All labs must either pay with a check with each case or keep a credit card on file to be run once a month at minimum. 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

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