

**FIXED RESTORATIVE 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 \_\_\_\_\_ 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

	<p style="text-align: center;"><b>ZIRCONIA</b></p> <input type="checkbox"/> Full Contour* <input type="checkbox"/> Multi-Layered <input type="checkbox"/> Porcelain fused to Zirconia	<p style="text-align: center;"><b>PORCELAIN FUSED TO METAL</b></p> <input type="checkbox"/> Non-Precious* <input type="checkbox"/> Noble <input type="checkbox"/> Yellow High Noble <input type="checkbox"/> White High Noble
	<p style="text-align: center;"><b>ALL-CERAMIC</b></p> <input type="checkbox"/> IPS e.max layered <input type="checkbox"/> IPS e. max Veneer <input type="checkbox"/> IPS e.max: __ Inlay __ Onlay <p style="text-align: center;"><b>STUMP SHADE</b> _____ required</p> <input type="checkbox"/> PMMA Temporary <input type="checkbox"/> 3D Printed Temporary <input type="checkbox"/> Splinted* <input type="checkbox"/> Individual Units Abutment #s _____ Pontic #s _____ Total Units _____	<p style="text-align: center;"><b>FULL-CAST</b></p> <input type="checkbox"/> Non-Precious <input type="checkbox"/> 2% Yellow Gold* <input type="checkbox"/> 40% Yellow Gold <input type="checkbox"/> 40% White Au <input type="checkbox"/> 60% Yellow Gold
<p><b>CROWN LINE</b></p> <input type="checkbox"/> Standard* <input type="checkbox"/> Elite	<p style="text-align: center;"><b>PONTIC DESIGN</b></p>	<p style="text-align: center;"><b>POST &amp; CORE</b></p> <input type="checkbox"/> Non-Precious* <input type="checkbox"/> Noble <input type="checkbox"/> High Noble
<p><b>SHADE</b> _____ Cervical _____</p> <p><b>Teeth #s</b> _____ Body _____</p> <p><b>OCCLUSAL STAINING</b></p> <input type="checkbox"/> None* <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark Incisal _____	<p style="text-align: center;"><b>CUSTOM ABUTMENTS</b></p> <input type="checkbox"/> Titanium* <input type="checkbox"/> Zirconia with Titanium Base <input type="checkbox"/> Gold Colored Titanium <input type="checkbox"/> Gold Alloy <input type="checkbox"/> OEM Custom	<p style="text-align: center;"><b>METAL DESIGN</b></p> <input type="checkbox"/> Traditional PFM (w 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 style="text-align: center;"><b>IMPLANTS</b></p> <input type="checkbox"/> Cement-Retained* <input type="checkbox"/> Screw-Retained <input type="checkbox"/> Place Screw Access Hole Implant System _____ Implant Diameter _____ mm	<p style="text-align: center;"><b>OCCLUSAL CLEARANCE</b></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 style="text-align: center;"><b>CONTACT STYLE</b></p> <input type="checkbox"/> Normal* <input type="checkbox"/> Light <input type="checkbox"/> Heavy/Tight
	<p style="text-align: center;"><b>IF NO OCCLUSAL CLEARANCE</b></p> <input type="checkbox"/> Email* <input type="checkbox"/> Metal Occlusal <input type="checkbox"/> Reduction coping <input type="checkbox"/> Trim opposing <input type="checkbox"/> Metal Island <input type="checkbox"/> Make this a permanent note	<p style="text-align: center;"><b>METAL TRY-IN</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No*
		<p style="text-align: center;"><b>Fit to Existing Partial?</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No*
<p><i>*Standard if an option is not selected.</i></p>		

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## IN-LAB WORKING TIMES

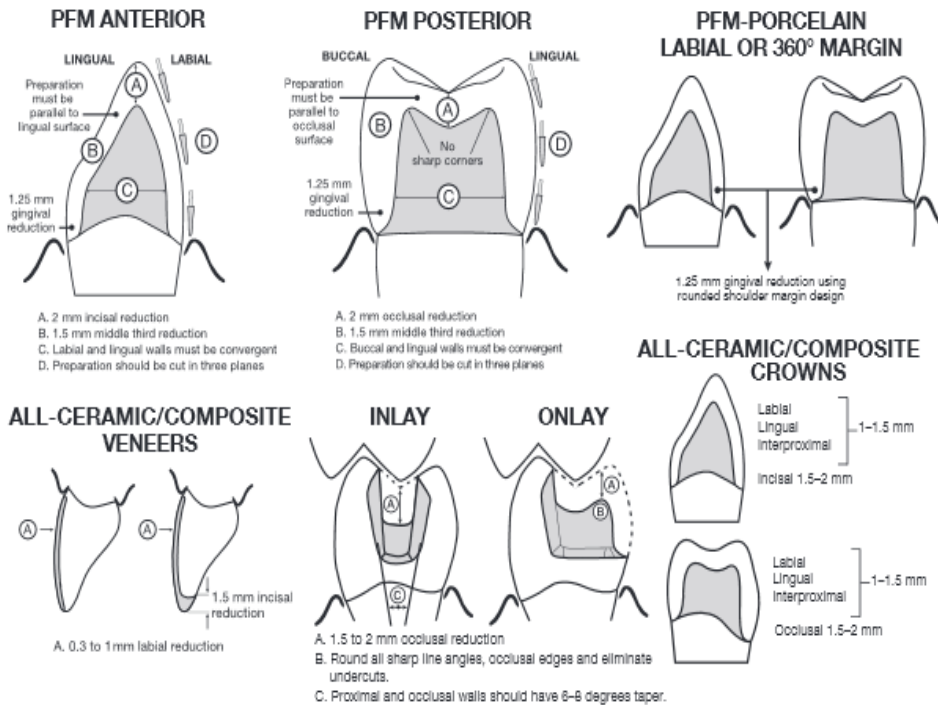
Please allow full working time for each product selected.

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

<b>Crowns – Standard</b>	8 Days
<b>Crowns – Elite</b>	9 Days
<b>Digital Impressions</b>	6 Days
<b>Implants/Custom Abutments</b>	+ 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:** 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.

*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 [mabedental.com/policies-and-warranty/](http://mabedental.com/policies-and-warranty/)

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