

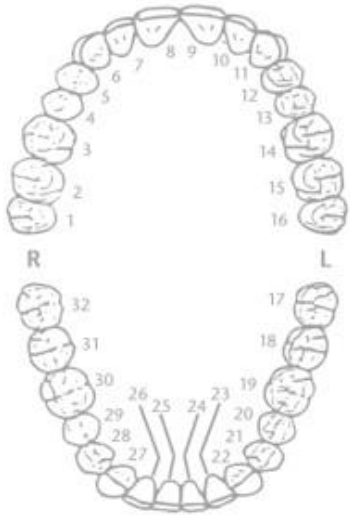
Dr. Name _____ Phone # _____ Deliver by 5 p.m. on See Next Page For Working Times

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 all teeth to be extracted and replaced

Date _____

Signature _____ License # _____

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

<p>CROWN LINE</p> <p><input type="checkbox"/> STANDARD* <input type="checkbox"/> ELITE</p> <p>Teeth #s _____</p> <p>SHADE _____</p> <div style="text-align: center;">  <p>Cervical _____ Body _____ Incisal _____</p> </div> <hr/> <p>OCCUSAL STAINING</p> <p><input type="checkbox"/> None* <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark</p> <p><input type="checkbox"/> PMMA TEMP CROWN</p>	<p>PORCELAIN FUSED TO METAL</p> <p><input type="checkbox"/> Non-Precious* <input type="checkbox"/> Noble <input type="checkbox"/> Yellow High Noble <input type="checkbox"/> White High Noble</p>	<p>ZIRCONIA</p> <p><input type="checkbox"/> Full Contour* <input type="checkbox"/> Multi-Layered <input type="checkbox"/> Porcelain fused to Zirconia</p>	<p>E.MAX</p> <p><input type="checkbox"/> IPS e.max layered* <input type="checkbox"/> IPS e. max Veneer <input type="checkbox"/> Inlay <input type="checkbox"/> Onlay STUMP SHADE _____ required</p>	
	<p>FULL-CAST</p> <p><input type="checkbox"/> Non-Precious <input type="checkbox"/> 2% Yellow Gold* <input type="checkbox"/> 40% Yellow Gold <input type="checkbox"/> 40% White Gold <input type="checkbox"/> 60% Yellow Gold</p>	<p>CUSTOM ABUTMENTS</p> <p><input type="checkbox"/> Titanium* <input type="checkbox"/> Gold Tone Titanium <input type="checkbox"/> Gold Alloy <input type="checkbox"/> Zirconia w/ Ti-Base <input type="checkbox"/> Prepare existing abutment <input type="checkbox"/> OEM Custom</p>	<p>Implant System _____</p> <p>Implant Diameter _____ mm</p> <p><input type="checkbox"/> Cement Retained* <input type="checkbox"/> Screw-Retained</p>	
	<p>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 Shoulder 360° <input type="checkbox"/> Metal Collar 360° <input type="checkbox"/> Show No Metal</p>	<p>CONTACT STYLE</p> <p><input type="checkbox"/> Light <input type="checkbox"/> Normal* <input type="checkbox"/> Heavy/Tight</p>		
	<p>OCCUSAL CLEARANCE</p> <p><input type="checkbox"/> In Occlusion* <input type="checkbox"/> Light Occlusion <input type="checkbox"/> Out of Occlusion <input type="checkbox"/> Foil on Opposing</p>	<p>IF NO OCCUSAL CLEARANCE</p> <p><input type="checkbox"/> Email* <input type="checkbox"/> Metal occlusal <input type="checkbox"/> Trim opposing <input type="checkbox"/> Metal island <input type="checkbox"/> Reduction coping: <input type="radio"/> Resin* <input type="radio"/> Metal <input type="checkbox"/> Make this a permanent note</p>		
<p>DENTURES FLEXIBLE PARTIALS</p> <p><input type="checkbox"/> Upper <input type="checkbox"/> Lower</p> <p><input type="checkbox"/> Denture <input type="checkbox"/> Immediate <input type="checkbox"/> Flexible TCS <input type="checkbox"/> Digital Denture: <input type="radio"/> 3D-Print (no try-in) <input type="radio"/> Milled <input type="checkbox"/> Custom tray <input type="checkbox"/> Bite block <input type="checkbox"/> Set-up try-in <input type="checkbox"/> Reset <input type="checkbox"/> Finish</p> <p>Tooth Setup <input type="checkbox"/> Ideal <input type="checkbox"/> Characterized <input type="checkbox"/> Study Model</p>	<p>METAL PARTIALS</p> <p><input type="checkbox"/> Upper <input type="checkbox"/> Lower</p> <p>Frame Material: <input type="checkbox"/> SLM* <input type="checkbox"/> Titanium <input type="checkbox"/> Vitallium 2000 <input type="checkbox"/> Advantage Add Esthetic Clasps: <input type="checkbox"/> Flexible <input type="checkbox"/> Tooth-Colored <input type="checkbox"/> Custom tray <input type="checkbox"/> Frame try-in <input type="checkbox"/> Frame w/ bite block <input type="checkbox"/> Frame w/ set-up try-in <input type="checkbox"/> Reset <input type="checkbox"/> Finish</p>	<p>TISSUE GUM SHADE</p> <p>ACRYLIC: <input type="checkbox"/> Original* <input type="checkbox"/> Light <input type="checkbox"/> Light Reddish <input type="checkbox"/> Dark FLEXIBLE: <input type="checkbox"/> Std* <input type="checkbox"/> Light <input type="checkbox"/> Light Dark <input type="checkbox"/> Dark <input type="checkbox"/> Natural</p>	<p>SNORING SLEEP APNEA DEVICES <i>Upper & lower models with bite required</i></p> <p><input type="checkbox"/> Silent Nite <input type="checkbox"/> EMA <input type="checkbox"/> TAP 3L <input type="checkbox"/> flexTAP <input type="checkbox"/> dreamTAP <input type="checkbox"/> OASYS Hinge <input type="checkbox"/> Scan/Save File</p>	
<p>CASE TYPE & TEETH SELECTION</p> <p><input type="checkbox"/> Advantage Shade _____ Mould _____ 8 in-lab days all stages – teeth included at no charge</p> <p><input type="checkbox"/> Standard* Shade _____ Mould _____</p> <p><input type="checkbox"/> Premium Shade _____ Mould _____</p>	<p><input type="checkbox"/> DURACETAL <input type="checkbox"/> VISICLEAR PARTIALS</p> <p><input type="checkbox"/> Upper <input type="checkbox"/> Lower</p> <p><input type="checkbox"/> Custom tray <input type="checkbox"/> Frame try-in <input type="checkbox"/> Frame w/ bite block <input type="checkbox"/> Frame w/ set-up try-in <input type="checkbox"/> Reset <input type="checkbox"/> Finish</p>	<p>NIGHTGUARDS RETAINERS</p> <p><input type="checkbox"/> Upper* <input type="checkbox"/> Lower</p> <p><input type="checkbox"/> Hard/Soft <input type="checkbox"/> Impak H/S Milled <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> 3D Printed (flexible hard) <input type="checkbox"/> Hawley Retainer <input type="checkbox"/> Essix <input type="checkbox"/> Space Maintainer</p>	<p>CLEAR ALIGNERS – SMILE SHAPERS see separate Rx online</p>	
<p>ACRYLIC FLIPPERS</p> <p><input type="checkbox"/> Upper <input type="checkbox"/> Lower</p> <p>Wrought Wire Clasps: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p>	<p>REPAIRS</p> <p><input type="checkbox"/> Reline <input type="checkbox"/> Soft Liner <input type="checkbox"/> Add Teeth <input type="checkbox"/> Replace Teeth <input type="checkbox"/> Fracture <input type="checkbox"/> Rebase/Jump <input type="checkbox"/> Add Mesh <input type="checkbox"/> Add Wire Add Clasp: <input type="checkbox"/> Cast* <input type="checkbox"/> Wire <input type="checkbox"/> Itsoclear <input type="checkbox"/> Flexible <input type="checkbox"/> Tooth Colored: <input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3 <input type="radio"/> A3.5 <input type="radio"/> B1</p>			<p>SPORTS MOUTHGUARDS</p> <p><input type="checkbox"/> Upper <input type="checkbox"/> Lower</p> <p>Color _____ Sport _____</p> <p><input type="checkbox"/> Helmet Strap</p>
<p>*Standard if an option is not selected</p> <p>Lab use only PAN# _____</p>				

IN-LAB WORKING TIMES

Please allow the full working time for each product selected.

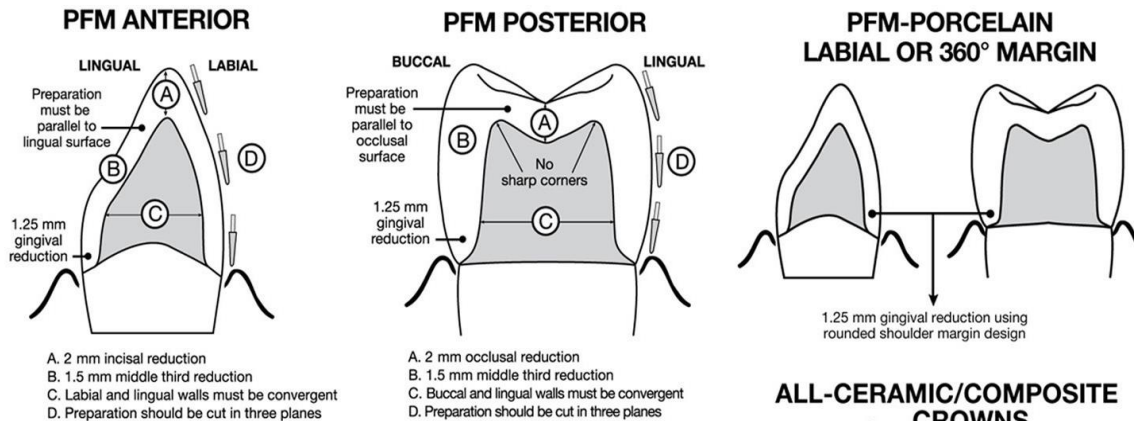
Working times are **NOT** guaranteed and do **NOT** include shipping times, weekends or holidays.

Standard Crown Restorations	8 Days	Flexible Partial start to completion	8 Days
Elite Crown Restorations	9 Days	Flipper / Acrylic Partial	4 Days
Digital Restorations	6 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

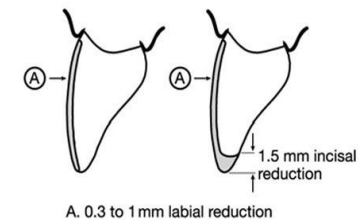
Rush service available but must be **pre-scheduled** by calling **877.622.3533** before the case is shipped.

Time of pick-up and delivery may affect turnaround time. Deduct 2 days for most digital cases.

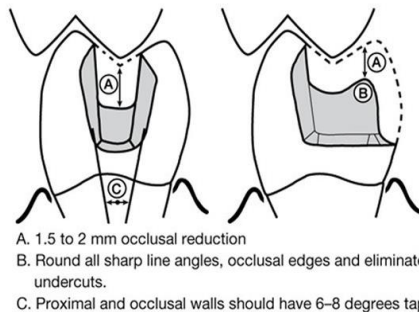
PREPARATION GUIDELINES



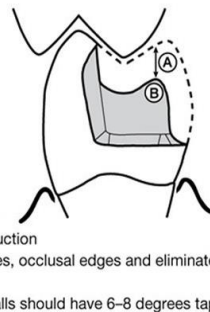
ALL-CERAMIC/COMPOSITE VENEERS



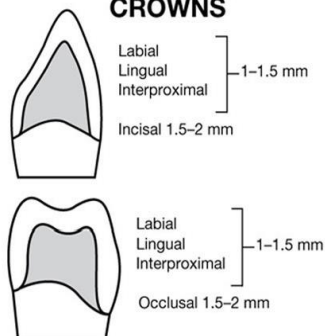
INLAY



ONLAY



ALL-CERAMIC/COMPOSITE CROWNS



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

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