LABS ONLY – REMOVABLE RX	Lab Name	Phone #		Deliver	by 5 p.m. on See Next Page for Times	
Mabel	Address			Email		
DENTAL LAB Your Smile Partner 891 Graham Rd Ste C • Cuyahoga Falls, OH 44221	Patient ID/Name	First		Last	Male Female Age	
877.622.3533 • Fax 234.407.4007	Enclosed with case:	•		□ Bite □ Photos □ Other		
mabeldental.com	Send photos or digital files: upload via DDX; www.mabeldental.com/file-upload or email: support@mabeldental.com					
		l Upper	Lower	DENTURES ⁽⁾ □ Custom Tray □ Bite Block (wax bas	CASE TYPE □ Standard* □ Prestige e) □ Set-up Try-in □ Reset □ Finish	
		Turnarou 8 Days – Physica 6 Days – Digital	al Impressions Impressions	DIGITAL DENTURES CASE TYPE □ Standard* □ Copy □ Immediate □ Printed Try-In (monochrome) □ Design Only □ Finish - select Tooth Shade: ○ A1 ○ A2 ○ A3 ○ B1 ○ Bleach		
Q 2 15 Q	Pr	oducts (P) available see next page		METAL PARTIALS	CASE TYPE 🗆 Standard* 📮 Prestige	
R L L S S S S S S S S S S S S S S S S S				Frame Material: SLM* ⁽ⁱ⁾ Titanium Vitallium Duplicate Model: Yes No* Custom Tray Frame Try-in Only Frame with Bite Block Frame with Set-up Try-in Reset Finish Frame Design Only Add Esthetic Clasp to Frame: Flexible Tooth Colored: A1 • A2 • A3 • A3.5 • B1		
$ \begin{array}{c} 31 \\ 30 \\ 29 \\ 29 \\ 29 \\ 29 \\ 29 \\ 20 \\ 20 \\ 20 \\ 20 \\ 20 \\ 20 \\ 20 \\ 20$				ACRYLIC FLIPPERS/PARTIALS [®] with Wrought Wire Clasps: □ Yes □ Custom Tray □ Bite Block □ Set	□ No*	
				VISICLEAR [®] PARTIALS [®]	CASE TYPE <a>D Standard* <a>D Prestige	
alle				□ Custom Tray □ Frame Try-in Only □ Frame with Teeth Set-up Try-in □		
Please mark/note all teeth to be extracted.				DURACETAL® PARTIALS Fr □ Custom Tray □ Frame Try-in Only □ Frame with Teeth Set-up Try-in □		
				TISSUE - ACRYLIC GUM SHADE	(all cases except Flexible Partials)	
				□ Original* □ Light Pink □ Light R	eddish Pink 🛛 Dark Pink (ethnic)	
Signature(see page 2 for limited warranty details)		Date _			CASE TYPE □ Standard* □ Prestige -up Try-in □ Reset □ tcs Finish □ 3D Finish ⁽) lard* □ Light □ Light/Dark □ Dark □ Natural	
For up-to-date Rx forms, visit: mabeldental.com/downloa	ds			NIGHTGUARDS®	CASE TYPE 🗅 Standard* 🗅 Prestige	
TEETH SELECTION & SHADE				Impak H/S (milled) I 3D Printed (flexi-hard)		
Standard* Shade Mould	Premium Shad	de M	ould	REPAIRS(P) CASE TYPE □ Standard* □ Prestige □ Reline □ Soft Liner □ Fracture □ Rebase □ Weld □ Flexible □ Mesh Add Clasp: □ Cast* □ Wire □ Flexible □ Tooth-Colored: ○ A1 ○ A2 ○ A3 ○ A3.5 ○ B1		
Prestige [®] : Artic* Shade Mould BlueLine Shade Mould TOOTH SET-UP: Ideal Characterized Study model			SLEEP APNEA/SNORING SNAP-ON SMILE [®] RETAINERS & ORTHO G Silent Nite G TAP 3 TL G dreamTAP EMA G OASYS Hinge G Snap On Smile Hawley Essix Smile Shapers [®] Aligners (use separate Rx			

IN-LAB WORKING TIMES

Please allow full working time for each product selected. Working times are <u>NOT</u> guaranteed and do <u>NOT</u> include weekends, or holidays.

Removable Product Line	In-Lab Days	
Standard – Physical Cases	8 days	
Standard - Digital Cases	6 days	
Prestige 🕑 Cases	Physical Digital	
Prestige: Custom Tray / Bite Block (Ic base)*	3 days n/a	
Prestige: SLM Frame*	6 days 5 days	
Prestige: SLM Frame straight to finish*	10 days 9 days	
Prestige: VisiClear Frame*	8 days 6 days	
Prestige: 3D Flexible Partial to completion*	9 days 7 days	
Prestige: Wax set-up try-in with teeth*	4 days n/a	
Prestige: Process to Finish after set-up try-in*	4 days n/a	
Prestige: Acrylic Flippers*	5 days n/a	
Prestige: Nightguards – Soft*	3 days n/a	
Prestige: Nightguards – Hard / Soft*	3 days n/a	
Prestige: Nightguards – Hard*	4 days n/a	
Prestige: Acrylic Repair / Reline*	3 days n/a	
Prestige: Metal Repairs	5 days n/a	

*Product can be rushed for additional fee, please call 877.622.3533 to pre-schedule the case.

Time of pick-up and delivery may affect turnaround time.

Digital Case Cut-Off Time: 4:00 PM (EST)

View more information on our website including products, fees, shade guides, RX and more: www.mabeldental.com/labtolab/

Prestige[®] Removables - restorations made in the USA

TERMS AND WARRANTY INFORMATION

We honor VISA, MASTERCARD, AMEX AND DISCOVER.

LAB TO LAB TERMS: A credit card is required to be kept on file, and you must enroll in Auto Pay. Payment will be deducted from your card on file the first few business days of each month. Otherwise, a check must be sent with each case, or you may pay by credit card per case before the case is shipped. *The first case completed for your account will be charged with the credit card on file.* Thereafter, your card will only be charged once a month. The cost of collection of any account will be paid by the customer.

NOTE: Accounts not paid within the stated terms or due to credit card declination will be subject to cases being held, 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 is pleased to process all remakes or adjustments at no additional charge if requested within the warranty period and accompanied by the original appliance.

LIMITED WARRANTY/LIMITATION OF LIABILITY:

For warranty terms and conditions and limitation of liability, visit mabeldental.com/policies-and-warranty/

Bite Blocks (standard)

If you prefer a light-cured base plate, note on Rx for an additional \$5 fee (wax default). Prestige: light-cured base included at no extra charge.