

REMOVABLE APPLIANCE RX



891 Graham Rd Ste C • Cuyahoga Falls, OH 44221
 877.622.3533 • Fax 234.407.4007
 mabeldental.com

Dr. Name _____ Phone # _____ Deliver by 5 p.m. on _____ See Next Page for In-Lab Times

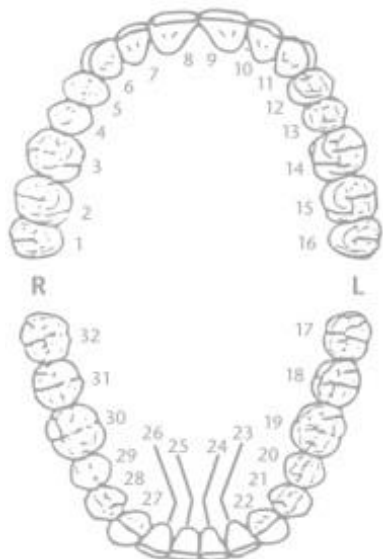
Address _____ Email _____

Patient ID/Name _____ ☐ Male ☐ Female Age _____

Enclosed with case: ☐ Impressions ☐ Models ☐ Bite ☐ Photos ☐ Other: _____

Send case photos and digital files to: support@mabeldental.com or upload via DDX

☐ Upper ☐ Lower



Please mark/note all teeth to be extracted.



Signature _____ License # _____ Date _____
 (see page 2 for limited warranty details)

For the most up to date Rx forms, visit mabeldental.com/downloads

TEETH SELECTION (must match case type)

<input type="checkbox"/> ADVANTAGE <i>(included at no extra charge)</i>	Shade _____	Mould _____
<input type="checkbox"/> STANDARD*	Shade _____	Mould _____
<input type="checkbox"/> PREMIUM	Shade _____	Mould _____

TOOTH SET-UP ☐ Ideal ☐ Characterized ☐ Study model *(include when patient prefers their existing denture/partial)*

DENTURES CASE TYPE ☐ Standard* ☐ Premium ☐ Advantage
☐ Custom Tray ☐ Bite Block ☐ Set-up Try-in ☐ Reset ☐ Finish ☐ Immediate

DIGITAL DENTURES (3D-printed) CASE TYPE ☐ Standard*
☐ Copy ☐ Immediate ☐ Printed Try-In (monochrome)
☐ Finish – select Tooth Shade: ☐ A1 ☐ A2 ☐ A3 ☐ B1 ☐ Bleach

METAL PARTIALS CASE TYPE ☐ Standard* ☐ Premium ☐ Advantage
Frame Material: ☐ SLM-printed CoCr* ☐ Titanium ☐ Vitallium 2000 ☐ Advantage
☐ Custom Tray ☐ Frame Try-in Only ☐ Frame with Bite Block
☐ Frame with Set-up Try-in ☐ Reset ☐ Finish
Add Esthetic Clasp to Frame: ☐ Flexible ☐ Tooth Colored: ☐ A1 ☐ A2 ☐ A3.5 ☐ B1 ☐ BL

ACRYLIC FLIPPERS CASE TYPE ☐ Standard* ☐ Premium ☐ Advantage
 with Wrought Wire Clasps: ☐ Yes ☐ No*
☐ Custom Tray ☐ Bite Block ☐ Set-up Try-in ☐ Finish

VISICLEAR® PARTIALS CASE TYPE ☐ Standard* ☐ Premium
☐ Custom Tray ☐ Frame Try-in Only ☐ Frame with Bite Block
☐ Frame with Teeth Set-up Try-in ☐ Reset ☐ Finish

DURACETAL® PARTIALS CASE TYPE ☐ Standard* ☐ Premium
 Frame Shade: ☐ A1 ☐ A2 ☐ A3.5 ☐ B1 ☐ Bleach
☐ Custom Tray ☐ Frame Try-in Only ☐ Frame with Bite Block
☐ Frame with Teeth Set-up Try-in ☐ Reset ☐ Finish

TISSUE / GUM SHADE *(all cases except Digital Dentures & Flexible Partial)*
☐ Original* ☐ Light Pink ☐ Light Reddish Pink ☐ Dark Pink (ethnic)

FLEXIBLE PARTIALS CASE TYPE ☐ Standard* ☐ Premium ☐ Advantage
☐ Custom Tray ☐ Bite Block ☐ Set-up Try-in ☐ Reset ☐ Finish
FLEXIBLE TISSUE SHADE: ☐ Standard* ☐ Light ☐ Light/Dark ☐ Dark ☐ Natural

NIGHTGUARDS CASE TYPE ☐ Standard* ☐ Advantage
☐ Soft ☐ Hard ☐ Hard/Soft* | ☐ Impak H/S (milled) ☐ 3D Printed (flexi-hard)

SLEEP APNEA/SNORING | SNAP-ON SMILE® | RETAINERS & ORTHO
☐ Silent Nite ☐ TAP 3 TL ☐ dreamTAP ☐ EMA ☐ OASYS Hinge
☐ Snap On Smile ☐ Hawley ☐ Essix ☐ Smile Shapers® Aligners *(use separate Rx)*

REPAIRS CASE TYPE ☐ Standard* ☐ Advantage
☐ Reline ☐ Soft Liner ☐ Fracture ☐ Rebase ☐ Weld ☐ Flexible ☐ Add Mesh
 Add Clasp: ☐ Cast* ☐ Wire ☐ Flexible ☐ Tooth-Colored: ☐ A1 ☐ A2 ☐ A3.5 ☐ B1 ☐ BL

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.

Advantage Removables (all stages)	8 days
Frames	8 days
Frame with teeth and wax	8 days
Partials to completion	8 days
Custom Tray / Bite Block	2 days
Denture Wax Set-up Try-in with Teeth	4 days
Process to Finish after set-up try-in	4 days
Process to Finish (<i>flexible partials</i>)	8 days
Flexible Partial start to completion	8 days
Acrylic Flippers	4 days
Nightguards – Soft	2 days
Nightguards – Impak 3D Printed	8 days
Nightguards – Hard Hard/Soft Combo	4 days
Reline – Hard	2 days
Reline – Soft Liner	3 days
Repairs – Add/Replace teeth	1-2 days
Repairs – Laser Weld / Cast Clasp	4 days
Snoring / Sleep Appliances	8 days
Snap On Smile	10 days
Orthodontics – Retainers	7 days
Digital Cases	6 days

Rush cases available on most Standard Removable cases but must be pre-scheduled by calling 877.622.3533 before the case is shipped.

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

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.

NO-FAULT REMAKE POLICY: Mabel Dental Lab is happy to process most 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/

Download any Prescription Rx by scanning the QR Code below:

