

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

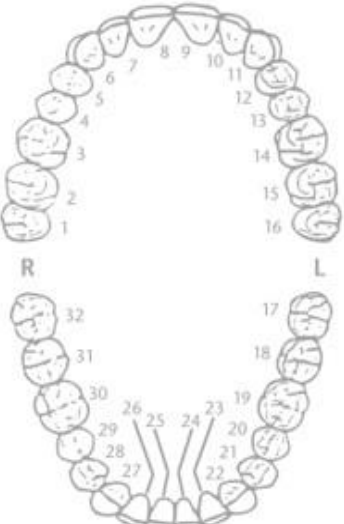


Address \_\_\_\_\_ Email \_\_\_\_\_

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

 <p>Please mark all teeth to be extracted.</p>	<p><b>CROWN LINE</b></p> <p><input type="checkbox"/> STANDARD* <input type="checkbox"/> ELITE</p> <p>Teeth #s _____</p> <p>SHADE _____</p> <p> Cervical _____ Body _____ Incisal _____</p> <p><b>OCCUSAL STAINING</b></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><b>PORCELAIN FUSED TO METAL</b></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><b>FULL-CAST</b></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><b>METAL DESIGN</b></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><b>CONTACT STYLE</b></p> <p><input type="checkbox"/> Light <input type="checkbox"/> Normal* <input type="checkbox"/> Heavy/Tight</p> <p><b>OCCUSAL CLEARANCE</b></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><b>IF NO OCCUSAL CLEARANCE</b></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><b>ZIRCONIA</b></p> <p><input type="checkbox"/> Full Contour* <input type="checkbox"/> Multi-Layered <input type="checkbox"/> Porcelain fused to Zirconia</p> <p><b>E.MAX</b></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><b>CUSTOM ABUTMENTS</b></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><b>Implant System</b> _____</p> <p><b>Implant Diameter</b> _____ mm</p> <p><input type="checkbox"/> Cement Retained* <input type="checkbox"/> Screw-Retained</p> <p><input type="checkbox"/> Splinted* <input type="checkbox"/> Individual Units</p> <p>Abutment #s _____ Pontic #s _____</p> <p>Total Units _____</p> <p><b>PONTIC DESIGN</b></p> <p></p>	
	<p><b>DENTURES   FLEXIBLE PARTIALS</b></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</p> <p><input type="checkbox"/> Custom tray <input type="checkbox"/> Bite block</p> <p><input type="checkbox"/> Set-up try-in <input type="checkbox"/> Reset <input type="checkbox"/> Finish</p> <p><input type="checkbox"/> Digital Denture: <input type="checkbox"/> Try-in (mono) <input type="checkbox"/> Finish</p> <p><b>Tooth Setup</b> <input type="checkbox"/> Ideal <input type="checkbox"/> Characterized <input type="checkbox"/> Study Model</p> <p><b>CASE TYPE &amp; TEETH SELECTION</b></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>© 2025 Mabel Dental Lab</p>	<p><b>PARTIALS</b></p> <p><input type="checkbox"/> Upper <input type="checkbox"/> Lower</p> <p><b>METAL Frame Material:</b></p> <p><input type="checkbox"/> SLM* <input type="checkbox"/> Titanium <input type="checkbox"/> Vitallium 2000 <input type="checkbox"/> Advantage</p> <p><b>Add Esthetic Clasps:</b> <input type="checkbox"/> Flexible <input type="checkbox"/> Tooth-Colored</p> <p><input type="checkbox"/> Custom tray <input type="checkbox"/> Frame try-in <input type="checkbox"/> Frame w/ bite block</p> <p><input type="checkbox"/> Frame w/ set-up try-in <input type="checkbox"/> Reset <input type="checkbox"/> Finish</p> <p><input type="checkbox"/> DURACETAL   <input type="checkbox"/> VISICLEAR</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</p> <p><input type="checkbox"/> Frame w/ set-up try-in <input type="checkbox"/> Reset <input type="checkbox"/> Finish</p> <p><b>ACRYLIC FLIPPERS</b></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><b>TISSUE / GUM SHADE</b></p> <p><b>ACRYLIC:</b> <input type="checkbox"/> Original* <input type="checkbox"/> Light <input type="checkbox"/> Light Reddish <input type="checkbox"/> Dark</p> <p><b>FLEXIBLE:</b> <input type="checkbox"/> Std* <input type="checkbox"/> Light <input type="checkbox"/> Light Dark <input type="checkbox"/> Dark <input type="checkbox"/> Natural</p> <p><b>NIGHTGUARDS   RETAINERS</b></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</p> <p><input type="checkbox"/> 3D Printed (flexible hard)</p> <p><input type="checkbox"/> Hawley Retainer <input type="checkbox"/> Essix <input type="checkbox"/> Space Maintainer</p> <p><b>REPAIRS</b></p> <p><input type="checkbox"/> Reline <input type="checkbox"/> Soft Liner <input type="checkbox"/> Add Teeth <input type="checkbox"/> Replace Teeth</p> <p><input type="checkbox"/> Fracture <input type="checkbox"/> Rebase/Jump <input type="checkbox"/> Add Mesh <input type="checkbox"/> Add Wire</p> <p>Add Clasp: <input type="checkbox"/> Cast* <input type="checkbox"/> Wire <input type="checkbox"/> Itsoclear <input type="checkbox"/> Flexible</p> <p><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><b>SNORING   SLEEP APNEA DEVICES</b></p> <p>Upper &amp; lower models with bite required</p> <p><input type="checkbox"/> Silent Nite <input type="checkbox"/> EMA <input type="checkbox"/> TAP 3L <input type="checkbox"/> flexTAP</p> <p><input type="checkbox"/> dreamTAP <input type="checkbox"/> OASYS Hinge <input type="checkbox"/> Scan/Save File</p> <p><b>CLEAR ALIGNERS – SMILE SHAPERS</b></p> <p>see separate Rx online</p> <p><b>SPORTS MOUTHGUARDS</b></p> <p><input type="checkbox"/> Upper <input type="checkbox"/> Lower</p> <p>Color _____ Sport _____</p> <p><input type="checkbox"/> Helmet Strap</p> <p><b>*Standard unless otherwise specified</b></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.

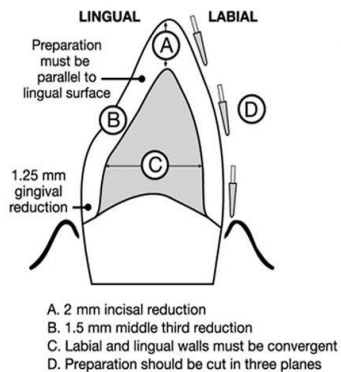
Standard Crown Restorations	8 Days	Flexible Partial start to completion	8 Days
Elite Crown Restorations	9 Days	Flipper / Acrylic Partial	4 Days
Digital Restorations	6 Days	Splints: Hard/Soft; Hard; Soft	4 Days
Metal   VisiClear   Acetal Frames	8 Days	Relines: Hard / Soft	2 Days
Metal Frame with teeth 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	<b>Advantage Removables all stages</b>	<b>8 Days</b>

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

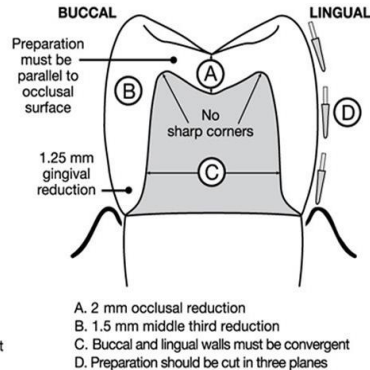
Time of pick-up and delivery may affect turnaround time. Deduct 2 days for most digital cases.

### PREPARATION GUIDELINES

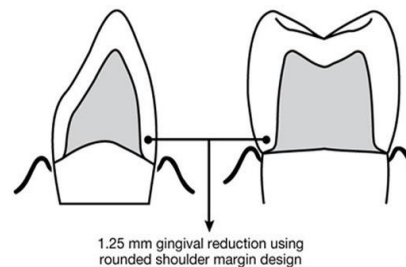
#### PFM ANTERIOR



#### PFM POSTERIOR

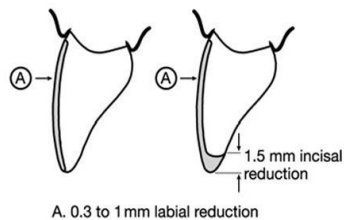


#### PFM-PORCELAIN LABIAL OR 360° MARGIN

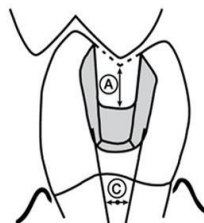


#### ALL-CERAMIC/COMPOSITE CROWNS

#### ALL-CERAMIC/COMPOSITE VENEERS

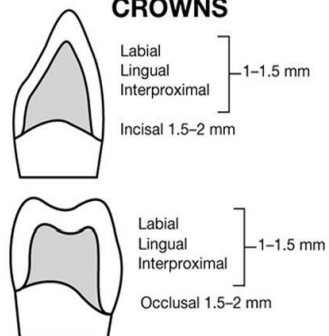
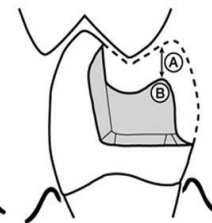


#### INLAY



A. 1.5 to 2 mm occlusal reduction  
B. Round all sharp line angles, occlusal edges and eliminate undercuts.  
C. Proximal and occlusal walls should have 6-8 degrees taper.

#### ONLAY



## 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/](http://mabeldental.com/policies-and-warranty/)

Email: [support@mabeldental.com](mailto:support@mabeldental.com)

Website: [www.mabeldental.com](http://www.mabeldental.com)

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