REMOVABLE APPLIANCE RX

Mabel® DENTAL LAB
Your Smile Partner

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

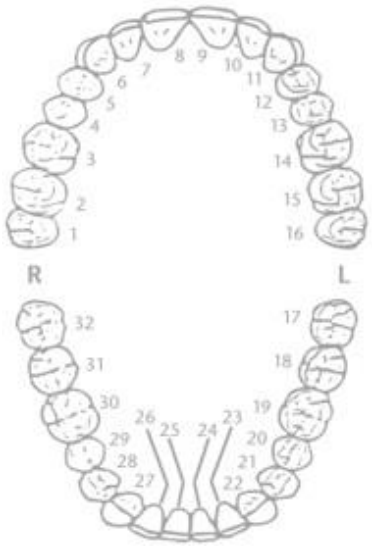
Dr. Name _____ Phone # _____ **Deliver by 5 p.m. on** See Next Page for In-Lab Times

Address _____ Email _____

Patient ID/Name _____ ❑ Male ❑ Female Age ____
First Last

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

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



Please mark/note all teeth to be extracted.

❑ Upper ❑ Lower

15th ANNIVERSARY

Signature _____ **License #** _____ **Date** _____

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

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

TEETH SELECTION (must match case type)

❑ **Advantage** *(included at no charge)* ❑ **Standard*** ❑ **Premium**

SHADE _____ **MOULD** _____

TOOTH SET-UP ❑ Ideal ❑ Characterized ❑ Study Model *(include when patient prefers existing denture/partial)*

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

FLIPPERS — **CASE TYPE** ❑ Standard* ❑ Premium ❑ Advantage
Add Wire Clasps: ❑ Yes ❑ No* | ❑ Custom Tray ❑ Bite Block ❑ Set-up Try-in ❑ Finish

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

VISICLEAR® PARTIALS (clear framework) — **CASE TYPE** ❑ Standard* ❑ Premium
❑ Custom Tray ❑ Frame Try-in Only ❑ Frame with Bite Block
❑ Frame with Set-up Try-in ❑ Reset ❑ Finish

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

GINGIVAL SHADE *(all cases **except** Flexible Partials & Digital)*
❑ 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 Partial Shade: ❑ Standard* ❑ Light ❑ Light/Dark ❑ Dark ❑ Natural

DIGITAL DENTURES (3D-Printed) | **DIGITAL FLEXIBLES** (3D-Printed)
❑ Denture ❑ Flexible ❑ Copy ❑ Immediate ❑ Printed Try-In (Monochrome)
❑ Finish: select tooth shade: ❍ A1 ❍ A2 ❍ A3 ❍ A3.5 ❍ B1 ❍ B2 ❍ C1 ❍ D1 ❍ D2 ❍ BL2
Digital Denture Gingival Shade: ❑ Original* (only option at this time)

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

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

SLEEP APNEA/SNORING | SNAP-ON SMILE® | RETAINERS
❑ Silent Nite ❑ TAP 3 TL ❑ dreamTAP ❑ flexTAP ❑ EMA ❑ OASYS Hinge
❑ **Snap On Smile** ❑ Hawley ❑ Essix ❑ Clear Aligners - Smile Shapers®

***Standard unless specified otherwise.**

Lab use only: Pan# _____

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 *(flexible partials)*	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. Rx must be enclosed with original case submission.

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: