

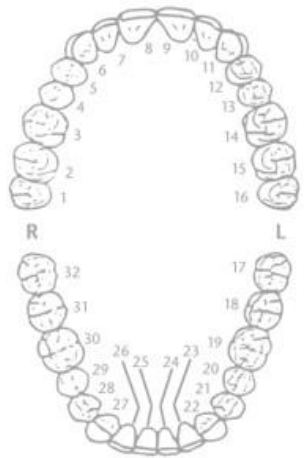
Dr. Name _____ Phone # _____ Deliver by 5 p.m. on _____ See Next Page For In-Lab Times

Address _____ Email _____

Patient ID/Name _____ ☐ Male ☐ Female _____ Age _____

First Last
Enclosed with Case: ☐ Impressions ☐ Models ☐ Bite ☐ Photos ☐ Other: _____

Send case photos to: support@mabeldental.com or upload to DDX

 15th ANNIVERSARY Please mark all teeth to be extracted. Date _____ Signature _____ License # _____ Submission of this Rx constitutes agreement with limited warranty terms and conditions. See page 2 for details.		CROWN LINE ☐ STANDARD* ☐ ELITE Teeth #s _____ SHADE _____  Cervical _____ Body _____ Incisal _____ OCCLUSAL STAINING ☐ None* ☐ Light ☐ Medium ☐ Dark ☐ PMMA TEMP CROWN		PORCELAIN FUSED TO METAL ☐ Non-Precious* ☐ Noble ☐ Yellow High Noble ☐ White High Noble FULL-CAST ☐ Non-Precious ☐ 2% Yellow Gold* ☐ 40% Yellow Gold ☐ 40% White Gold ☐ 60% Yellow Gold METAL DESIGN ☐ Traditional PFM (with Lingual Band)* ☐ Butt Shoulder with Lingual Band ☐ Butt Shoulder no lingual Band ☐ All Porcelain Shoulder 360° ☐ Metal Collar 360° ☐ Show No Metal CONTACT STYLE ☐ Light ☐ Normal* ☐ Heavy/Tight OCCLUSAL CLEARANCE ☐ In Occlusion* ☐ Light Occlusion ☐ Out of Occlusion ☐ Foil on Opposing IF NO OCCLUSAL CLEARANCE ☐ Email* ☐ Metal occlusal ☐ Trim opposing ☐ Metal island ☐ Reduction coping: ☐ Resin* ☐ Metal ☐ Make this a permanent note		ZIRCONIA ☐ Full Contour* ☐ Multi-Layered ☐ Porcelain fused to Zirconia E.MAX ☐ IPS e.max layered* ☐ IPS e. max Veneer ☐ Inlay ☐ Onlay STUMP SHADE _____ CUSTOM ABUTMENTS ☐ Titanium* ☐ Gold Tone Titanium ☐ Gold Alloy ☐ Zirconia w/ Ti-Base ☐ Prepare existing abutment ☐ OEM Custom Implant System _____ Implant Diameter _____ mm ☐ Cement Retained* ☐ Screw-Retained ☐ Splinted* ☐ Individual Units Abutment #s _____ Pontic #s _____ Total Units _____ PONTIC DESIGN 	
DENTURES FLEXIBLE PARTIALS ☐ Upper ☐ Lower ☐ Denture: _____ Handcrafted _____ 3D-printed ☐ Flexible TCS: _____ Handcrafted _____ 3D-printed ☐ Custom tray ☐ Bite block ☐ Set-up try-in ☐ 3D-printed try-in (monochrome) ☐ Reset ☐ Finish ☐ Digital Finish (req. tooth shade) Tooth Setup ☐ Ideal ☐ Characterized ☐ Study Model CASE TYPE & TEETH SELECTION (must match) ☐ Advantage' ☐ Standard ☐ Premium 'teeth included Shade _____ Mould _____		PARTIALS ☐ Upper ☐ Lower METAL Frame Material: ☐ SLM-printed* ☐ Titanium ☐ Vitallium ☐ Advantage Add Esthetic Clasps: ☐ Flexible ☐ Tooth-Colored ☐ Custom tray ☐ Frame try-in ☐ Frame w/ bite block ☐ Frame w/ set-up try-in ☐ Reset ☐ Finish ESTHETIC Non-Metal Frame Material: ☐ DURACETAL – Shade: ☐ A1 ☐ A2 ☐ A3 ☐ A3.5 ☐ B1 ☐ VISICLEAR ☐ Custom tray ☐ Frame try-in ☐ Frame w/ bite block ☐ Frame w/ set-up try-in ☐ Reset ☐ Finish FLIPPERS ☐ Upper ☐ Lower Wrought Wire Clasps: ☐ Yes ☐ No*		GINGIVAL SHADE ACRYLIC: ☐ Original* ☐ Light ☐ Light Reddish ☐ Dark FLEXIBLE: ☐ Std* ☐ Light ☐ Light Dark ☐ Dark ☐ Natural NIGHTGUARDS RETAINERS ☐ Upper* ☐ Lower ☐ Hard/Soft ☐ Impak H/S Milled ☐ Soft ☐ Hard ☐ 3D Printed (flexible hard) ☐ Hawley Retainer ☐ Essix ☐ Space Maintainer REPAIRS ☐ Reline ☐ Soft Liner ☐ Add Teeth ☐ Replace Teeth ☐ Fracture ☐ Rebase/Jump ☐ Add Mesh ☐ Add Wire Add Clasp: ☐ Cast* ☐ Wire ☐ Itsoclear ☐ Flexible ☐ Tooth Colored: ☐ A1 ☐ A2 ☐ A3 ☐ A3.5 ☐ B1		SNORING SLEEP APNEA DEVICES Upper & lower models with bite required ☐ Silent Nite ☐ EMA ☐ TAP 3L ☐ flexTAP ☐ dreamTAP ☐ OASYS Hinge ☐ Scan/Save File CLEAR ALIGNERS (SMILE SHAPERS) see specific Rx on website MOUTHGUARDS ☐ Upper ☐ Lower ☐ SPORT _____ ☐ ORB SPORT Color _____ includes digital file 7 yrs ☐ Helmet Strap *Standard unless otherwise specified Lab use only PAN# _____	

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.

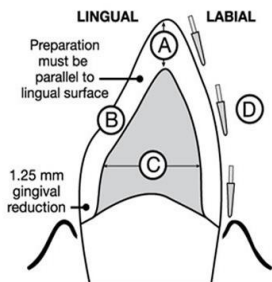
Standard Crown Restorations	8 Days	Flexible Partial start to completion	8 Days
Elite Crown Restorations	9 Days	Flipper / Acrylic Partial	4 Days
Digital Restorations - ALL	6 Days	Splints: Hard/Soft; Hard; Soft	4 Days
Metal VisiClear Acetal Frames	8 Days	Relines: Hard / Soft	2 Days
Metal Frame with teeth 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.

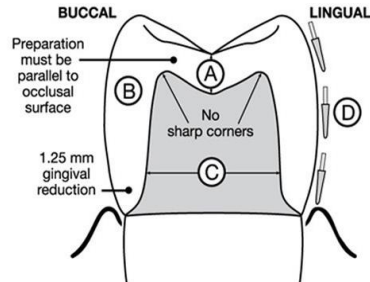
PREPARATION GUIDELINES

PFM ANTERIOR



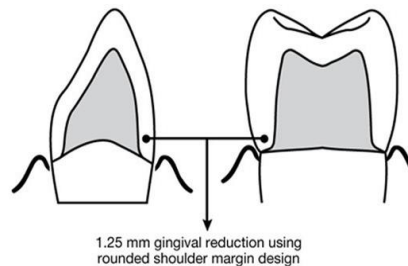
- A. 2 mm incisal reduction
- B. 1.5 mm middle third reduction
- C. Labial and lingual walls must be convergent
- D. Preparation should be cut in three planes

PFM POSTERIOR

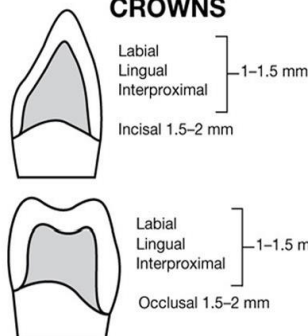


- A. 2 mm occlusal reduction
- B. 1.5 mm middle third reduction
- C. Buccal and lingual walls must be convergent
- D. Preparation should be cut in three planes

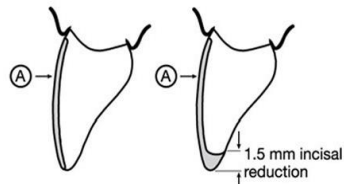
PFM-PORCELAIN LABIAL OR 360° MARGIN



ALL-CERAMIC/COMPOSITE CROWNS

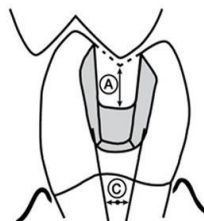


ALL-CERAMIC/COMPOSITE VENEERS



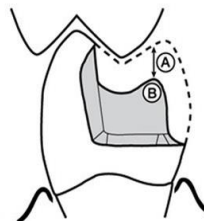
- A. 0.3 to 1 mm labial reduction

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/

Download Prescription Rx



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Digital Tooth Shades

A1 A2 A3 A3.5 B1 B2 C1 D1 D2 BL2