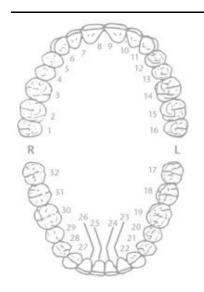
# LABS ONLY – REMOVABLE RX **DENTAL LAB Your Smile Partner** 891 Graham Rd Ste C • Cuyahoga Falls, OH 44221

Lab Name		_ Phone # _			_ Deliver by	y 5 p.m. on <sub>.</sub>	See Next Page for Times		
Address					Email				_
Patient ID/Name						□ Male	□ Female	Age	
	First		Last						
<b>Enclosed with case:</b>	Impressions	Models	□ Bite	□ Photos	□ Other: _				
Send photos or digit	tal files: upload to D	DX: mabelden	tal.com/file	e-unload or s	upport@mab	eldental.com			

□ Printed Try-In (Standard only) □ Finish

□ Printed Try-In (monochrome) □ Finish

**DIGITAL FLEXIBLE PARTIALS®** 



877.622.3533 • Fax 234.407.4007 mabeldental.com

Please mark/note all teeth to be extracted.

(1.5th)
ANNIVERSARY

Products with Pavailable in our Prestige Line

□ Upper

□ Lower

Signature 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/labtolab **TEETH SELECTION** – Handcrafted (must match case type) **Standard:** □ Standard\* (incl. no charge) □ Premium **Prestige**<sup>⊕</sup>: □ Artic\* □ BlueLine MOULD SHADE MOULD DIGITAL TEETH SHADE **DIGITAL GINGIVAL SHADE** □ Original\* □ Light Pink □ Dark Finish stage only

**DENTURES** Handcrafted<sup>®</sup> **CASE TYPE** □ Standard\* □ Prestige ① □ Custom Tray □ Bite Block (wax base) □ Set-up Try-in □ Reset □ Finish Please select a Case Type (Line) next to each restoration. **FLIPPERS**® **CASE TYPE** □ Standard\* □ Prestige © METAL PARTIALS® **CASE TYPE** □ Standard\* □ Prestige <sup>(1)</sup> Frame Material: Standard: □ SLM-printed\* □ Titanium □ Vitallium | □ SLM-printed\* □ Add Esthetic Clasp to Frame: ☐ Flexible ☐ Tooth Colored: ○ A1 ○ A2 ○ A3 ○ A3.5 ○ B1 □ Custom Tray □ Frame Try-in Only □ Frame w/ bite block | **Dup Model:** □ Yes □ No\* ☐ Frame with Set-up Try-in ☐ Reset ☐ Finish VISICLEAR® PARTIALS® **CASE TYPE** □ Standard\* □ Prestige<sup>®</sup> □ Custom Tray □ Frame Try-in Only □ Frame with Bite Block ☐ Frame with Teeth Set-up Try-in ☐ Reset DURACETAL® PARTIALS® **CASE TYPE** □ Standard\* □ Prestige <sup>(1)</sup> Frame Shade: O A1 O A2 O A3 O A3.5 O B1 O Pink □ Custom Tray □ Frame Try-in Only □ Frame with Bite Block ☐ Frame with Teeth Set-up Try-in ☐ Reset ☐ Finish **GINGIVAL SHADE** (all cases except Flexibles & Digital) □ Original\* □ Light Pink □ Light Reddish Pink □ Dark Pink (ethnic) FLEXIBLE PARTIALS® **CASE TYPE** □ Standard\* □ Prestige<sup>®</sup> □ Custom Tray □ Bite Block □ Set-up Try-in □ Reset □ TCS Finish Flexible Partial Shade: □ Standard\* □ Light □ Light/Dark □ Dark □ Natural **NIGHTGUARDS® CASE TYPE** □ Standard\* □ Prestige ® □ Soft □ Hard □ Hard/Soft\* | Std only: □ Impak Hard/Soft (milled) □ 3D-Printed (flexi hard) **REPAIRS® CASE TYPE** □ Standard\* □ Prestige ① □ Reline □ Soft Liner □ Fracture □ Rebase □ Weld □ Flexible □ Mesh Add Clasp: □ Cast\* □ Wire □ Flexible □ Tooth-Colored: ○ A1 ○ A2 ○ A3 ○ A3.5 ○ B1

\*Standard unless specified otherwise.

Standard Cases - Original only

Lab use only: Pan#

CASE TYPE □ Standard\* □ Prestige<sup>®</sup>

**CASE TYPE** □ Standard\* □ Prestige ①

☐ Finish(\*\*): ○ Economy ○ Premium

TOOTH SET-UP: □ Ideal □ Characterized □ Study model

#### 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.

Standard Line	In-Lab Days			
Physical Cases	8 days			
Digital Cases	6 days			
Prestige <sup>®</sup> Line	Physical   Digital			
Custom Tray   Bite Block*	3 days   n/a			
Digital Denture – straight to finish (Economy)	9 days   8 days			
Digital Denture – straight to finish (Premium)	10 days   8 days			
SLM Frame*	6 days   5 days			
SLM Frame straight to finish*	10 days   9 days			
VisiClear   Zirlux Acetal Frame*	9 days   8 days			
Flexible Partial - 3D Printed to completion*	10 days   8 days			
Flexible Partial – Handcrafted Finish only*	9 days   8 days			
Wax set-up try-in with teeth*	4 days   n/a			
Process to Finish after set-up try-in*	4 days   n/a			
Acrylic Flippers*	4 days   n/a			
Soft*	3 days   n/a			
Nightguards – Hard / Soft*	3 days   n/a			
Nightguards – Hard*	4 days   n/a			
Acrylic Repair / Reline*	2-3 days   n/a			
Metal Repairs – Laser Weld	5 days   n/a			

<sup>\*</sup>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<sup>®</sup> Removables - 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.

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Lab Name	me Phone #				Deliver by 5 p.m. on See Next Page for Times				
Address					Email				
Patient ID/Name						□ Male	□ Female	Age	
-	First		Last						
<b>Enclosed with case:</b>	Impressions	Models	□ Bite	Photos	□ Other: _				
Send photos or digital files: upload to DDX; mabeldental.com/file-upload or support@mabeldental.com									

© 2025 Mabel Dental Lab \*Standard unless specified otherwise. Lab use only: Pan#\_\_\_\_\_