

ADVANTAGE REMOVABLE Rx

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

Dr. Name _____ Phone # _____ RETURN BY 5 P.M. ON _____

Address _____ Email _____

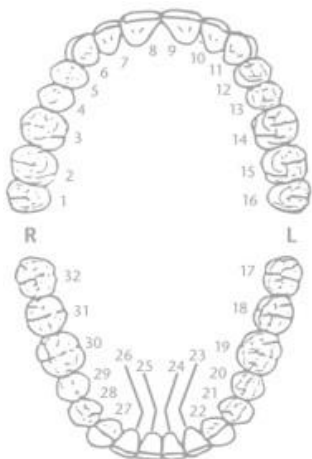
Patient ID/Name _____ ☐ Male ☐ Female Age _____

First

Last

ENCLOSED WITH CASE: ☐ Impressions ☐ Models ☐ Bite ☐ Photos ☐ Other: _____

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



Please mark/note all teeth to be extracted.

Turnaround Time

Physical: 8 Business Days

Digital: 6 Business Days

Please print instructions clearly to avoid delays.

Signature _____ Date _____

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

License # _____

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

TOOTH SHADE _____

Digital Cases - finish stage only

MOULD _____

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

*Standard unless specified otherwise

DENTURES HANDCRAFTED ☐ Upper ☐ Lower

☐ Custom Tray ☐ Bite Block (wax base) ☐ Wax Set-up Try-in ☐ Reset ☐ Finish

GINGIVAL SHADE: ☐ Original* ☐ Light Pink ☐ Light Reddish Pink ☐ Dark Pink

METAL PARTIALS ☐ Upper ☐ Lower

☐ Custom Tray ☐ SLM Metal Frame Try-in only ☐ Frame with Bite Block

Add Esthetic Clasp to Frame: ☐ Flexible ☐ Tooth Colored: ☐ A1 ☐ A2 ☐ A3.5 ☐ B1 ☐ Bleach

☐ Frame with Teeth Set-up Try-in ☐ Reset ☐ Finish

GINGIVAL SHADE: ☐ Original* ☐ Light Pink ☐ Light Reddish Pink ☐ Dark Pink

ACRYLIC FLIPPERS ☐ Upper ☐ Lower

Add Wrought Wire Clasps: ☐ Yes ☐ No* | ☐ Custom Tray ☐ Bite Block ☐ Set-up Try-in ☐ Finish

GINGIVAL SHADE: ☐ Original* ☐ Light Pink ☐ Light Reddish Pink ☐ Dark Pink

FLEXIBLE PARTIALS ☐ Upper ☐ Lower

☐ Custom Tray ☐ Bite Block (wax base) ☐ Wax Set-up Try-in ☐ Reset ☐ Finish

FLEXIBLE TISSUE SHADE: ☐ Standard* ☐ Light ☐ Light/Dark ☐ Dark ☐ Natural

NIGHTGUARDS ☐ Upper* ☐ Lower

☐ Soft ☐ Hard (processed acrylic) ☐ Hard / Soft Combo*

REPAIRS ☐ Upper ☐ Lower

☐ Reline ☐ Soft Liner ☐ Fracture ☐ Laser Weld ☐ Add Mesh Reinforcement

Add Clasp: ☐ Cast* ☐ Wire ☐ Flexible

DIGITAL DENTURES ☐ Upper ☐ Lower

☐ Copy ☐ Immediate ☐ Printed Try-In ☐ Finish

DIGITAL FLEXIBLE PARTIALS ☐ Upper ☐ Lower

☐ Copy ☐ Immediate ☐ Printed Try-In ☐ Finish

DIGITAL GINGIVAL SHADE: ORIGINAL ONLY

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.

PHYSICAL CASES: 8 IN-LAB DAYS

DIGITAL CASES: 6 IN-LAB DAYS

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

Rush cases are **NOT** available for Advantage cases.
NOT all products are available for the Advantage Line.

Looking for Faster Turnaround Times?

We offer faster service on most items from our Standard/Premium Lines.

Looking for Different Restoration Options?

We also offer Titanium and Vitallium 2000 frames,
DurAcetal and VisiClear frames from our Standard Line.

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.

LIMITED WARRANTY/LIMITATION OF LIABILITY:

For warranty terms and conditions and limitation of liability, visit **mabeldental.com/policies-and-warranty/**

DDX Online Portal

Be sure to use your **DDX Account** to view case status, invoices, statements, make payments and much more!

Upgrade your base plate from wax to light-cured for an add'l \$5 – please be sure to note Rx