

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

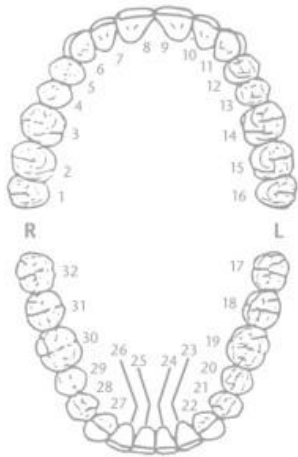
Address _____ Email _____

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

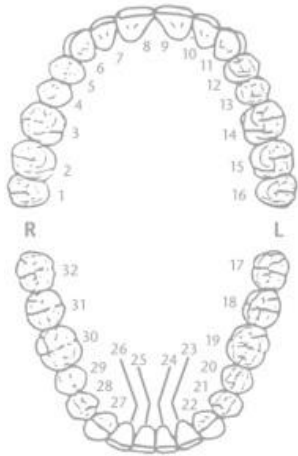




Please mark all teeth to be extracted.

Please select a **Case Type (Line)** for Removable cases.

Signature _____ Date _____ License # _____

Submission of this Rx constitutes agreement with limited warranty terms and conditions. See page 2 for details.

	<p>CROWN LINE</p> <p><input type="checkbox"/> STANDARD* <input type="checkbox"/> ELITE</p> <p>Teeth #s _____</p> <p>SHADE _____</p> <p> Cervical _____ Body _____ Incisal _____</p>	<p>PORCELAIN FUSED TO METAL</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>ZIRCONIA</p> <p><input type="checkbox"/> Full Contour* <input type="checkbox"/> Multi-Layered <input type="checkbox"/> Porcelain fused to Zirconia</p>
	<p>METAL DESIGN</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>E.MAX</p> <p><input type="checkbox"/> IPS e.max layered* <input type="checkbox"/> IPS e. max Veneer <input type="checkbox"/> Inlay <input type="checkbox"/> Onlay</p> <p>STUMP SHADE _____</p>	<p>CUSTOM ABUTMENTS</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>OCCLUSAL STAINING</p> <p><input type="checkbox"/> None* <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark</p>	<p>CONTACT STYLE</p> <p><input type="checkbox"/> Light <input type="checkbox"/> Normal* <input type="checkbox"/> Heavy/Tight</p>	<p>Implant System _____</p> <p>Implant Diameter _____ mm</p> <p><input type="checkbox"/> Cement Retained* <input type="checkbox"/> Screw-Retained</p>
	<p><input type="checkbox"/> PMMA TEMP CROWN</p>	<p>OCCLUSAL CLEARANCE</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>Implant System _____</p> <p>Abutment #s _____ Pontic #s _____</p> <p>Total Units _____</p>
	<p>IF NO OCCLUSAL CLEARANCE</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>PONTIC DESIGN</p> <p></p>	<p>SNORING SLEEP APNEA DEVICES <i>Upper & lower models with bite required</i></p> <p><input type="checkbox"/> Silent Nite <input type="checkbox"/> EMA <input type="checkbox"/> TAP 3L <input type="checkbox"/> flexTAP <input type="checkbox"/> dreamTAP <input type="checkbox"/> OASYS Hinge <input type="checkbox"/> Scan/Save File</p>
	<p>DENTURES FLEXIBLE PARTIALS</p> <p><input type="checkbox"/> Upper <input type="checkbox"/> Lower</p> <p><input type="checkbox"/> Denture: ___ Handcrafted ___ 3D-printed <input type="checkbox"/> Flexible TCS: ___ Handcrafted ___ 3D-printed <input type="checkbox"/> Custom tray <input type="checkbox"/> Bite block <input type="checkbox"/> Set-up try-in <input type="checkbox"/> 3D-printed try-in (Adv & Prem Flex only) <input type="checkbox"/> Reset <input type="checkbox"/> Finish <input type="checkbox"/> Digital 3D Finish (req. tooth shade)</p> <p>Tooth Setup <input type="checkbox"/> Ideal <input type="checkbox"/> Characterized <input type="checkbox"/> Study Model</p>	<p>PARTIALS</p> <p><input type="checkbox"/> Upper <input type="checkbox"/> Lower</p> <p>METAL Frame Material:</p> <p><input type="checkbox"/> SLM-printed* <input type="checkbox"/> Titanium <input type="checkbox"/> Vitallium <input type="checkbox"/> Advantage Add Esthetic Clasps: <input type="checkbox"/> Flexible <input type="checkbox"/> Tooth-Colored <input type="checkbox"/> Custom tray <input type="checkbox"/> Frame try-in <input type="checkbox"/> Frame w/ bite block <input type="checkbox"/> Frame w/ set-up try-in <input type="checkbox"/> Reset <input type="checkbox"/> Finish</p>	<p>GINGIVAL SHADE</p> <p>ACRYLIC: <input type="checkbox"/> Original* <input type="checkbox"/> Light <input type="checkbox"/> Light Reddish <input type="checkbox"/> Dark FLEXIBLE: <input type="checkbox"/> Std* <input type="checkbox"/> Light <input type="checkbox"/> Light Dark <input type="checkbox"/> Dark <input type="checkbox"/> Natural</p>
<p>CASE TYPE & TEETH SELECTION (must match)</p> <p><input type="checkbox"/> Advantage' <input type="checkbox"/> Standard <input type="checkbox"/> Premium <small>'teeth included</small></p> <p>Shade _____ Mould _____</p>	<p>ESTHETIC Non-Metal Frame Material:</p> <p><input type="checkbox"/> DURACETAL – Shade: <input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3 <input type="radio"/> A3.5 <input type="radio"/> B1 <input type="checkbox"/> VISICLEAR <input type="checkbox"/> Custom tray <input type="checkbox"/> Frame try-in <input type="checkbox"/> Frame w/ bite block <input type="checkbox"/> Frame w/ set-up try-in <input type="checkbox"/> Reset <input type="checkbox"/> Finish</p>	<p>NIGHTGUARDS RETAINERS SNAP ON SMILE</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 <input type="checkbox"/> 3D Printed (flexible hard) <input type="checkbox"/> Snap On Smile <input type="checkbox"/> Hawley Retainer <input type="checkbox"/> Essix <input type="checkbox"/> Space Maintainer</p>	<p>MOUTHGUARDS</p> <p><input type="checkbox"/> Upper <input type="checkbox"/> Lower</p> <p><input type="checkbox"/> SPORT _____ <input type="checkbox"/> ORB SPORT Color _____ includes digital file 7 yrs <input type="checkbox"/> Helmet Strap</p>
<p>FLIPPERS</p> <p><input type="checkbox"/> Upper <input type="checkbox"/> Lower</p> <p>Add Wrought Wire Clasps: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p>	<p>REPAIRS</p> <p><input type="checkbox"/> Reline <input type="checkbox"/> Soft Liner <input type="checkbox"/> Add Teeth <input type="checkbox"/> Replace Teeth <input type="checkbox"/> Fracture <input type="checkbox"/> Rebase/Jump <input type="checkbox"/> Add Mesh <input type="checkbox"/> Add Wire Add Clasp: <input type="checkbox"/> Cast* <input type="checkbox"/> Wire <input type="checkbox"/> Itsoclear <input type="checkbox"/> Flexible <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>*Standard unless otherwise specified</p> <p>Lab use only PAN# _____</p>	

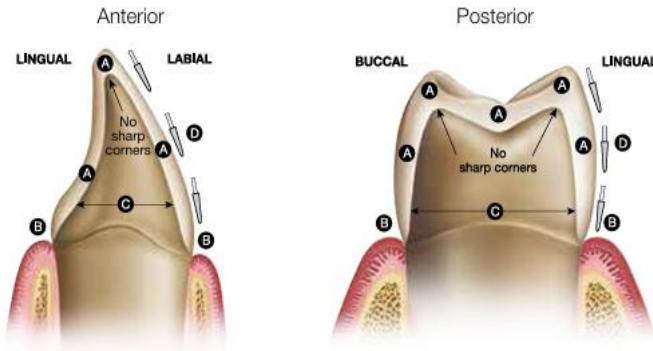
IN-LAB WORKING TIMES

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	Flipper / Acrylic Partial	4 days
Elite Crown Restorations	9 days	Splints: Hard/Soft; Hard; Soft	4 days
Frame – Metal / DurAcetal / VisiClear	8 days	Relines: Hard / Soft	2 days
Metal Frame with teeth and wax	10 days	Repairs: Acrylic	2 days
Metal Partial to finish	8 days	Repairs: Metal Work / Laser Weld	5 days
Bite Blocks / Custom Trays	2 days	Mouthguards	7 days
Denture setup try-in with teeth	4 days	Orthodontics	8 days
Finish after set-up try-in	4 days	Sleep Apnea / Snoring Devices	8 days
Finish after set-up try-in – Flexible	8 days	Digital Restorations deduct 2 days	
Flexible Partial start to completion	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.



Anterior

- A. 1.25 mm ideal reduction (0.7 mm minimum)
- B. Chamfer or modified shoulder margins preferred
- C. Axial walls must be convergent (avoid undercuts)
- D. Preparation should be cut in three planes
- E. To achieve optimal impression quality, gingival retraction is necessary for preparations with subgingival or equigingival margins

Posterior

- A. 1.0 mm ideal reduction (0.5 mm minimum)
- B. Chamfer or shoulder margins preferred. Feather-edge OK
- C. Axial walls must be convergent (avoid undercuts)
- D. Preparation should be cut in three planes
- E. To achieve optimal impression quality, gingival retraction is necessary for preparations with subgingival or equigingival margins

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 mabledental.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