### DY EODM

DX FORIVI						
Today's Date:			_ Due by 5:0	0 p.m. on:		
DENTIST INFOR	MATION					
Bill to Dr.:						
Address:			City		State	Zip
Phone: Ema		Email:			·	
PATIENT INFORM	MATION					
Name:						
☐ Male ☐ Female	Age: Shade:	Mold: T	eeth Brand:			
	_			uired. Incomplete infor	mation may cause de	elay.
	DIDOE			: DADTIALO	0 DENITUDE	
CROWN & B				PARTIALS & DENTURES		
PORCELAIN FUS	SED TO METAL			CAST PARTIAL DENTURE		
■ Non-Precious	□ Noble (White)	☐ High Noble (Whi	te)	□ Vitalium Frame	☐ Standard Cast	Frame
☐ High Noble (Yellow)	□ Captek	□ Titanium		Clasp Type		
■ Maryland Bridge				□ Cast	□ Wrought Wire	
FULL-CAST				□ Clear	□ Valplast	
☐ High Noble (White)		☐ High Noble (Yell	ow)	ACRYLIC PART	TIALS & DENTUR	ES
■ Noble (White)		■ Noble (Yellow)		☐ Classic Denture		
ALL-CERAMIC/C	AD-CAM			☐ Premium Denture		
☐ IPS Empress (Layer	red)	☐ IPS Empress (S	tained)	☐ Acrylic Partial with Wire Clasps		
☐ IPS e.max (Layered	)	☐ IPS e.max (Stained)		☐ Acrylic Partial without Clasps		
□ CEREC inLab		☐ Full-Contour Zirconia		☐ Acrylic Partial with VisiClear Clasps		
☐ Zirconia Layered ☐ BruxZir		☐ BruxZir		☐ Acrylic Partial with Valplast Clasps		
☐ Composite				FLEXIBLE PAR	TIAL DENTURE	
IMPLANTS				TCS		
☐ Custom Ti Abutment		☐ Screw-Retained Crown		: □ Valplast - Clear_	Light Pink	
☐ Custom Zirconia Abutment		☐ Stock Abutment		Pink_	Meharry	
☐ Custom Gold Abur	tment	☐ Surgical Guide		NIGHT/SPORT GUARDS		
☐ Encode Abutment		☐ Radiographic G	iuide	: ☐ Clear Acrylic	☐ Soft (Ivoclar)	☐ Hard/Soft
Implant Type:		0 1		∵ □ Valplast		☐ Sport Guard
Implant Size:				PROVISIONAL	0 ,	
Pontic Design						
$\sim$	$\gamma$	$\sim$	$\bigcap$	Abutment #'s		
$\vee$				Acrylic Type		
				□ Ivocap	□ Lucitone	□ Standard
Buccal Margin D	_	ш		: Acrylic Shade	Lucitorie	□ Staridard
☐ Hairline	•	□ Porcelain Butt		☐ Light	☐ Medium	□ Dark
Occlusal Staining		I DI Ologiani Datt		Teeth	□ Mediam	L Daik
□ None		□ Medium	□ Dark	:	d)   Dramium (Addition)	anal chargo
	9		☐ Standard (included) ☐ Premium (Additional charge)  Set-up			
Occlusal Clearar		ing F Coll M-		□ldeal	□ Characterized	□ Study Model
☐ Reduce Opposing ☐ Reduction Coping ☐ Call Me			•	☐ Characterized	☐ Study Model	
Options Emiliary Estates			Options  Guetem Troy	□ Name On Ac-	opoo (AdditiI	
☐ Bisq Bake Try-in	☐ Metal Try-in	☐ Finish Porcelain	Į	☐ Custom Tray	□ Name On Appliance (Additional char	
				☐ Bite Rim	☐ Duplicate Dentu	ITE (AED)
				□ Try-in	☐ Finish	



**TOLL FREE:** 877-825-8001 **FAX:** 781-213-3444 15 Lincoln Street, Suite #255, Wakefield, MA 01880

		www.Val-U-Der	nt.com
INSTR	UCTIONS:	VALUE:	STUMP:
			8 9 10 11 12 4 13 13 14 2 15 16 L 17 18 30 19 29 Lower 20 28 27 26 25 24 23
Doctor S	ignature:		License #:
	ME! I WOULD L	IKE TO SPEAK WITH:	
costs in the of this form. NO use black or	event of a suit, includin TE: Retain one sheet blue ink when comple	g reasonable fees, and also agre for your records and return the o	or payment and agrees to pay all legal and collection ses to the terms and conditions on the reverse side of other sheet(s) with the work to be completed. Please
PLEASE		Chinning Supplies	Othory
□ Rx's	□ Air Bills	□ Shipping Supplies	□ Other:

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# -Ask about our orthodontic offerings

#### **Terms & Conditions**

By submitting this form to Val-U-Dent Dental Laboratory of Wakefield, Massachusetts and signing it the Dentist agrees to a contract for the dales and delivery of the custom manufactured cases mentioned herein as "Case". The Services and Dental Prosthetic Cases provided by Val-U-Dent Dental Laboratory of Wakefield, Massachusetts (herein referred to as "Laboratory") are subject to the following terms and conditions.

- 1. Laboratory warrants that the Case(s) shall be free of defects in materials and workmanship at the time of delivery. Except as expressly warranted herein, Laboratory makes no representations or warranties that the Case(s) will be fit for a particular purpose or of merchantability:
- 2. Payment is due in full upon receipt of Cases(s). Dentist agrees to pay in full the stated price of the Case(s) or Service(s) together with any interest thereon and all costs of collection, including but not limited to, reasonable attorney's fees. Interest of 2.0% per month shall be charged on any unpaid balance outstanding for more than (30) days from date of service.
- 3. In the event that any order submitted by Dentist is cancelled for any reason before shipment, Dentist shall pay the reasonable value of all work performed prior to receipt by Laboratory the notice of cancellation of the order by Laboratory.
- 4. Dentist has the right to inspect Case(s) prior to acceptance provided that notice of non-acceptance or non-conformance of the Case(s) shall be communicated to the Laboratory within a reasonable time (not to exceed 10 business days) after receipt by the Dentist. Any action other than unequivocal notice of non-acceptance shall be deemed to be acceptance.
- 5. Notice by Dentist of a non-conforming Case shall include a specific and detailed statement of reason for the rejection. Laboratory shall be given the opportunity to correct the defect or to replace the Case(s) (at Laboratory's sole discretion) with a conforming Case(s), within reasonable time and at the Laboratory cost\* (restrictions apply). Where the cause of the non-conforming Case(s) cannot be clearly and reasonably identified as due to either the fault of the Laboratory or Dentist, the cost of remaking the Case(s) shall be borne equally by the parties hereto.
- 6. Should Laboratory fail to provide a conforming Case(s) in a reasonable time, Dentist's remedy is limited to the return of all original items submitted to Laboratory and repayment of the contract price.
- 7. Where the Dentist requests re-manufacture or repair of the Case(s), Dentist shall resubmit all originals to the Laboratory including but not limited to original impressions, models, or restoration(s).
- 8. Dentist must thoroughly and carefully disinfect all materials used in mouth before sending them to the Laboratory and again when returned from the Laboratory before placement in patient's mouth.
- 9. Case(s) will be shipped F.O.B. by common carrier, unless the parties agree to other arrangements before the date of shipment.
- 10. Any controversy or claim arising out of or relating to this contract or the breach thereof shall be settled by arbitration to be held in Wakefield, Massachusetts, in accordance with the Rules of the American Arbitration Association. A judgment upon the award rendered by the arbitrator(s) may be entered in any Court having jurisdiction thereof. The arbitrator(s) will be selected from a panel of persons having experience with and knowledge of dentistry and dental technology. The language of the arbitration shall be English.
- 11. This agreement shall be construed, interpreted and enforced under the laws of the state of Massachusetts with the same force and effect as if fully executed and to be fully performed therein. Dentist and Laboratory agree that the proper jurisdiction for the resolution of any dispute hereunder shall be in the State of Massachusetts.
- 12. If any provision of this Agreement is held invalid, unenforceable or void by a court of competent jurisdiction, such circumstances shall not affect the validity of any of the remaining provisions of this agreement.
- 13. Laboratory has not made any representation, warranty, covenant, or guarantee of any nature whatsoever, express or implied, in connection with or relating to the Cases or services to be performed hereunder except as expressly set forth herein. This Agreement cannot be modified expect by a written instrument signed by Laboratory.

#### \*What is not covered?

- Cases where a reduction coping is required
- Cost incurred for removal or reinsertion
- Cases where failure occurs due to debonding or poor occlusion
- Replacement restoration(s) or appliance(s) where no defect in material or workmanship is documented
- Incidental or consequential damages, including inconvenience, lost wages, or pain and suffering

## **In-Lab Working Days**

Please allow for the full working time on each type of Case In-Lab. Combination cases including different types of restorations or appliance will require full working time for each Case selected. Working times do not include Weekends or Holidays. We do not count the day we receive the case as a working day in the laboratory. Rush\* Services available on most Cases for an extra charge by must be pre-scheduled with Lab Manager. To pre-schedule your rush case, please call Lab Manager.

#### **Rush Service**

Rush service is limited to 4 unites. Case required within 7 In-Lab days are subject to additional \$30.00 per unit surcharge. Cases required within 5 In-Lab days are subject to an additional \$50.00 per unit rush surcharge. Val-U-Dent Laboratory does not rush CAD/CAM or Implant restorations. Rush surcharge is subject to change without notice during the holidays.

Acrylic Partials All-Ceramic Bite Blocks Cast Partials CEREC inLab Composite Custom Trays.	10 5 10 10 10 5	Flexible Partials         10           Full-Cast         10           Full Dentures         10           Implants         Call           Night Guards         10           PFM         10           Zirconia         10					
For Lab Use Only							
Doctor Name:		_ Date of Call:					
Patient Name:							
Caller:							
Reference:							
Result:							
		Time:					
RECEIVED:	_ SHIPPED:	TIME:					
ALLOW AND MEIGHT							
ALLOY AND WEIGHT	-1						
□ Precious White □ Precious Yellow □ Ingot							
SHADE DATE:							
CUSTOM FINISH: min							
ENCLOSED WITH CASE:							
☐ Impression Trays ☐ Bites ☐ Models (U/L) ☐ Restorations ☐ Dies							
□ Photos □ Wax-Up Models □ Implant Parts □ Articulator							
Qty:		_ Make:					

Serial #: