

Rx FORM

Today's Date: _____ Due by 5:00 p.m. on: _____

DENTIST INFORMATION

Bill to Dr.: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Email: _____

PATIENT INFORMATION

Name: _____

Male Female Age: _____ Shade: _____ Mold: _____ Teeth Brand: _____

Detailed photos and study models encouraged. All information below is required. Incomplete information may cause delay.

CROWN & BRIDGE

PORCELAIN FUSED TO METAL

- Non-Precious Noble (White) High Noble (White)
- High Noble (Yellow) Captek Titanium
- Maryland Bridge

FULL-CAST

- High Noble (White) High Noble (Yellow)
- Noble (White) Noble (Yellow)

ALL-CERAMIC/CAD-CAM

- IPS Empress (Layered) IPS Empress (Stained)
- IPS e.max (Layered) IPS e.max (Stained)
- CEREC inLab Full-Contour Zirconia
- Zirconia Layered BruxZir
- Composite

IMPLANTS

- Custom Ti Abutment Screw-Retained Crown
- Custom Zirconia Abutment Stock Abutment
- Custom Gold Abutment Surgical Guide
- Encode Abutment Radiographic Guide

Implant Type: _____

Implant Size: _____

Pontic Design



Buccal Margin Design

- Hairline Metal-Porcelain Porcelain Butt

Occlusal Staining

- None Light Medium Dark

Occlusal Clearance (If none)

- Reduce Opposing Reduction Coping Call Me

Options

- Bisq Bake Try-in Metal Try-in Finish Porcelain

PARTIALS & DENTURES

CAST PARTIAL DENTURE

- Vitalium Frame Standard Cast Frame

Clasp Type

- Cast Wrought Wire
- Clear Valplast

ACRYLIC PARTIALS & DENTURES

- Classic Denture
- Premium Denture
- Acrylic Partial with Wire Clasps
- Acrylic Partial without Clasps
- Acrylic Partial with VisiClear Clasps
- Acrylic Partial with Valplast Clasps

FLEXIBLE PARTIAL DENTURE

- TCS
- Valplast - Clear _____ Light Pink _____
Pink _____ Meharry _____

NIGHT/SPORT GUARDS

- Clear Acrylic Soft (Ivoclar) Hard/Soft
- Valplast Bleaching Tray Sport Guard

PROVISIONALS

Pontic #'s _____

Abutment #'s _____

Acrylic Type

- Ivocap Lucitone Standard

Acrylic Shade

- Light Medium Dark

Teeth

- Standard (included) Premium (Additional charge)

Set-up

- Ideal Characterized Study Model

Options

- Custom Tray Name On Appliance (Additional charge)
- Bite Rim Duplicate Denture (AED)
- Try-in Finish



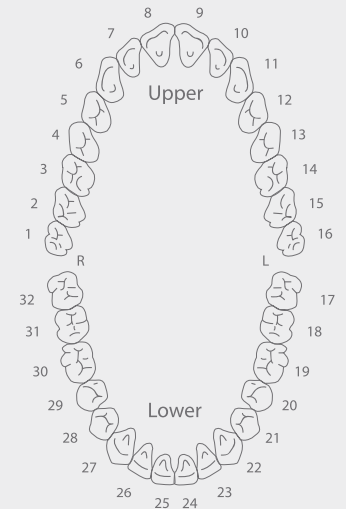
TOLL FREE: 877-825-8001 FAX: 781-213-3444

15 Lincoln Street, Suite #255, Wakefield, MA 01880

www.Val-U-Dent.com

INSTRUCTIONS:

BASE SHADE: _____ VALUE: _____ STUMP: _____



Doctor Signature: _____

License #: _____

CALL ME! I WOULD LIKE TO SPEAK WITH: _____

The person signing this authorization accepts sole responsibilities for payment and agrees to pay all legal and collection costs in the event of a suit, including reasonable fees, and also agrees to the terms and conditions on the reverse side of this form. NOTE: Retain one sheet for your records and return the other sheet(s) with the work to be completed. Please use black or blue ink when completing this form.

PLEASE SEND

- 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.

- 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:
- 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.
- 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.
- 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.
- 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.
- 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.
- 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).
- 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.
- Case(s) will be shipped F.O.B. by common carrier, unless the parties agree to other arrangements before the date of shipment.
- 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.
- 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.
- 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.
- 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 Partial	10	Flexible Partial	10
All-Ceramic	10	Full-Cast	10
Bite Blocks	5	Full Dentures	10
Cast Partial	10	Implants	Call
CEREC inLab	10	Night Guards	10
Composite	10	PFM	10
Custom Trays	5	Zirconia	10

For Lab Use Only

Doctor Name: _____ Date of Call: _____

Patient Name: _____

Caller: _____

Reference: _____

Result: _____

Pan #: _____ Initials: _____ Time: _____

RECEIVED: _____ SHIPPED: _____ TIME: _____

ALLOY AND WEIGHT

Precious White Precious Yellow Ingot

SHADE DATE: _____

CUSTOM FINISH: _____ hr _____ min

ENCLOSED WITH CASE:

Impression Trays Bites Models (U/L) Restorations Dies

Photos Wax-Up Models Implant Parts Articulator

Qty: _____ Make: _____

Serial #: _____ Box: _____