the pacific aesthetic laboratory group

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EMAIL PHOTOS TO: CORRSHADES@GMAIL.COM

DR. _____ LICENSE #_____
SIGNATURE: _____ PHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PATIENT'S NAME: _____ AGE: _____ SEX: _____
TODAY'S DATE: _____ DUE DATE*: _____

BY SIGNING THIS RX, I AGREE TO THE TERMS ON THE BACK
***DETERMINE DELIVERY DATE: SCHEDULE YOUR PATIENT AT LEAST 14 DAYS FROM TODAY. DATE YOUR ARE MAILING THIS CASE + 14 DAYS = DELIVERY DATE**

1. RX

TOOTH#

ALL CERAMIC
- EMPRESS _____
- AUTHENTIC _____
- EMAX EPRESS (LITHIUM DISCILICATE) _____
- ZIRCONIA _____
- FELDSPATHIC _____

PORCELAIN TO METAL
- P.F.G. _____
- P.F.G. HIGH NOBLE _____
- PFM _____

CEROMERS/COMPOSITES
- SINFONY _____

ALL METAL
- GOLD HIGH NOBLE _____
- GOLD NOBLE _____

2. SHADE OF PREPARATION

PREP SHADE OF TEETH #S _____ ND____
PREP SHADE OF TEETH #S _____ ND____
PREP SHADE OF TEETH #S _____ ND____

3. LENGTH OF CENTRALS TO SOFT TISSUE ZENITH

#8 _____ #9 _____
SPECIAL LENGTH INSTRUCTIONS _____

4. SMILE DESIGN

- ☐ SMILE DESIGN CATALOG NAME _____
- ☐ SMILE DESIGN PAGE _____
- ☐ SMILE DESIGN STYLE _____
- ☐ MATCH PHOTOS, MAGAZINE, ETC.
- ☐ FOLLOW WAX UP
- ☐ FOLLOW TEMPS/MOCKUP
- ☐ COMMENTS _____

5. GOAL OF NEW SMILE DESIGN

- ☐ CHANGE SHAPE (CONTOUR)
- ☐ ADJUST MIDLINE
- ☐ WIDEN BUCCAL CORRIDOR
- ☐ FEMINIZE SHAPE
- ☐ YOUTHEN SMILE
- ☐ LENGTHEN TEETH
- ☐ CHANGE SHADE
- ☐ CLOSE DIASTEMA

6. INCISAL TRANSLUCENCY

- ☐ MINIMAL .5
- ☐ MODEST 1.0
- ☐ MAX 1.5
- ☐ SMILE DESIGN CATALOG _____
- ☐ SMILE DESIGN PAGE ____
- ☐ SMILE DESIGN STYLE _____

7. RIDGE RELIEF

☐ YES ☐ NO

___OVATE MM FULL LAP BUCCAL LAP SANITARY CONTACT SANITARY SPACED

8. SURFACE TEXTURE

- ☐ HIGH
- ☐ MEDIUM
- ☐ LIGHT
- ☐ SMOOTH (NO TEXTURE)
- ☐ SMILE DESIGN CATALOG _____
- ☐ SMILE DESIGN PAGE ____
- ☐ SMILE DESIGN STYLE _____

9. SURFACE FINISH

- ☐ HIGH GLAZE
- ☐ POLISHED GLASS
- ☐ SATIN FINISH
- ☐ LOW GLOSS
- ☐ SMILE DESIGN CATALOG _____
- ☐ SMILE DESIGN PAGE ____
- ☐ SMILE DESIGN STYLE _____

10. LABORATORY CHECKLIST FOR DOCTOR'S OFFICE

- ☐ SHADE OF PREPARATION
- ☐ LENGTH OF CENTRALS TO SOFT TISSUE
- ☐ SMILE DESIGNS
- ☐ BITE REGISTRATION W/O STICK
- ☐ BITE REGISTRATION W/STICK
- ☐ FACEBOW
- ☐ WORKING IMPRESSIONS
- ☐ OPPOSING IMPRESSION/ MODEL
- ☐ TEMPORARY IMPRESSION/ MODEL
- ☐ FINAL SHADE
- ☐ IMPRESSION OF COPINGS
- ☐ IMPLANT ANALOGS
- ☐ IMPLANT ABUTMENTS

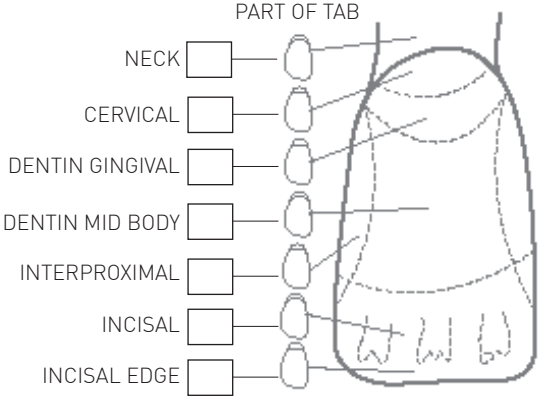
PLEASE SEND

- ☐ MAILING BOXES
- ☐ RX FORMS
- ☐ MAILING LABELS

SHADE GUIDE

TAB # _____

CIRCLE WHAT PART OF TAB



SHADE NOTES _____

RX INSTRUCTIONS _____

SEE BACK OF RX FOR ADDITIONAL INFORMATION

LABORATORY SCHEDULE

HOURS: MONDAY - FRIDAY 9:00 AM -5:00 PM

EMAX	14 DAYS
EMPRESS 1-8 UNITS	14 DAYS
EMPRESS 9+ UNITS	16 DAYS
PFM	14 DAYS
FELDSPATHIC VENEERS/CROWNS	14 DAYS
DIAGNOSTIC WAX UPS	12 DAYS

OUR GUARANTEE TO YOU

Every order receives our unconditional guarantee to be of the finest quality, made to your specifications as noted on the RX and to fit your working model.

All remakes returned to the laboratory for warranty must include original models and restorations so we may evaluate the case.* All returned cases will be remade at no cost or full credit will be issued upon determination and review of all restorations. Subject to conditions.

We offer a 5-year warranty against failure due to materials or workmanship on our restorations unless otherwise noted.

We offer a 2-year warranty against failure due to materials or workmanship on all-ceramic or ceromer composite restorations unless otherwise noted.

*Guarantee is void if a problem solver card has been issued and the laboratory is directed to continue against its discretion.

For accounts not in our pickup/delivery area, we provide prepaid labels and shipping supplies. All cases are returned via 2 day air (guaranteed delivery by 3:00 p.m. most areas, 5:00 p.m. in outlying area) to ensure prompt and timely delivery. Next day delivery option is available.

Should you have any questions please feel free to call us. These terms are subject to change without notice.

RUSH ORDERS

All rush orders are subject to additional fees. Please contact the laboratory for details regarding rush orders. Rush cases require prior telephone approval.

TERMS

All outstanding balances must be paid within 22 days of statement and are subject to a 2 percent delinquency charge per month. All balances not paid within 22 days of statement period are subject to C.O.D. Should account collection become necessary, all collection costs including attorney's fees incurred from the account collection shall be the dentist's responsibility.

SMART REWARDS PROGRAM

Accounts that are prepaid, paid by COD or set up on Autopay and paid by 6th of each month will earn a 2% account credit. Accounts must be current and in good standing to receive credit. Smart Rewards Program credit are applied to future balances; no cash value. Program subject to change without notice

RX INSTRUCTIONS - CONTINUED

INCOMING CHECKLIST

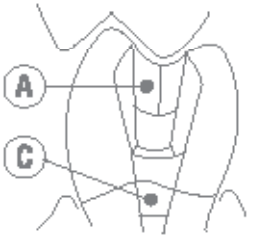
- ☐ IMPRESSION/MASTER
- ☐ OPPOSING
- ☐ BITE
- ☐ FACEBOW
- ☐ STICK BITE
- ☐ PICTURES/SLIDES/CD
- ☐ OLD CROWN
- ☐ STUDY MODELS
- ☐ OLD MODELS
- ☐ IMPLANT IMPRESSION COPINGS
- ☐ IMPLANT ANALOG
- ☐ IMPLANT ABUTMENTS
- ☐ DIAGNOSTIC WAX UP
- ☐ ARTICULATOR
- ☐ PARTIAL
- ☐ _____
- ☐ _____
- ☐ _____

PREPARATION GUIDELINES
ALL-CERAMIC/COMPOSITE VENEERS

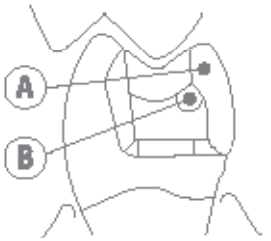
1.5 MM INCISAL REDUCTION

A) 0.7 TO 1.0 MM LABIAL REDUCTION

ONLAY

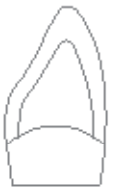


INLAY



A) 1.5 TO 2.0 MM OCCLUSAL REDUCTION
B) ROUND ALL SHARP LINE ANGLES, OCCLUSAL EDGES AND ELIMINATE UNDERCUTS
C) PROXIMAL AND OCCLUSAL WALLS SHOULD HAVE 6-8 DEGREES TAPER

ALL-CERAMIC/COMPOSITE CROWNS



1.0-1.5MM
LABIAL
LINGUAL
INTERPROXIMAL

INCISAL 1.5 - 2.0 MM

1.0-1.5MM
LABIAL
LINGUAL
INTERPROXIMAL

OCCLUSAL 1.5 - 2.0 MM