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SACRAMENTO/NEWPORT BEACH DELIVERY ADDRESS

700 N SUNRISE AVE ROSEVILLE, CA 95661 916.786.6740

EMAIL PHOTOS TO: CORRSHADES@GMAIL.COM WWW.PACIFICAESTHETICDENTALSTUDIO.COM WWW.THEPAC.ORG

DR		LICENSE #		_ SHADE GUIDE
SIGNATURE:		PHONE:		_ TAB #
ADDRESS:	CITY:	STATE:	ZIP:	_ CIRCLE WHAT
PATIENT'S NAME:				
TODAY'S 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 EMPRESS AUTHENTIC	TOOTH#	6. INCISAL TRANSLUCENCY	SMILE DESIGN CATALOG	
EMAX EPRESS (LITHIUM DISCILICATE)		MODEST 1.0	SMILE DESIGN PAGE SMILE DESIGN STYLE	
₹ ZIRCONIA FELDSPATHIC F.F.G.		7. RIDGE RELIEF		
P.F.G. HIGH NOBLE HIGH P.F.G. HIGH NOBLE HIGH PFM		OVATE MMULL LAPBU	CCAL SANITARY SANITARY AP CONTACT SPACED	INCISAL EDGE
Composites		ARI	Z Z Z	
GOLD HIGH NOBLE GOLD NOBLE GOLD NOBLE		8. SURFACE TEXTURE	SMILE DESIGN CATALOG	RX INSTRUCTIONS
2. SHADE OF PREPARATION			SMILE DESIGN PAGE	-
PREP SHADE OF TEETH #S PREP SHADE OF TEETH #S PREP SHADE OF TEETH #S	ND	SMOOTH (NO TEXTURE) 9. SURFACE FINISH HIGH GLAZE POLISHED GLASS	SMILE DESIGN STYLE	-
3. LENGTH OF CENTRALS TO SOFT #8# SPECIAL LENGTH INSTRUCTION		SATIN FINISH	SMILE DESIGN PAGE SMILE DESIGN STYLE	
		10. LABORATORY CHECKLIST FOR DOCTOR'S OFFICE		-
(CONTOUR)		 SHADE OF PREPARATION LENGTH OF CENTRALS T SOFT TISSUE SMILE DESIGNS BITE REGISTRATION W/O STICK BITE REGISTRATION W/STICK FACEBOW WORKING IMPRESSIONS OPPOSING IMPRESSION/ MODEL 	0 IMPRESSION OF COPINGS IMPLANT ANALOGS IMPLANT ABUTMENTS PLEASE SEND MAILING BOXES RX FORMS MAILING LABELS	
ADJUST MIDLINE WIDEN BUCCAL CORRIDOR] LENGTHEN TEETH] CHANGE SHADE] CLOSE DIASTEMA	TEMPORARY IMPRESSION/ MODEL		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



PREPARATION GUIDELINES ALL-CERAMIC/COMPOSITE VENEERS A .5 MM INCISAL REDUCTION A) 0.7 TO 1.0 MM LABIAL REDUCTION INI AY ONI AY А A C B AI 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 I ARIAI LINGUAL INTERPROXIMAL INCISAL 1.5 - 2.0 MM LABIAL LINGUAL INTERPROXIMAL OCCLUSAL 1.5 - 2.0 MM