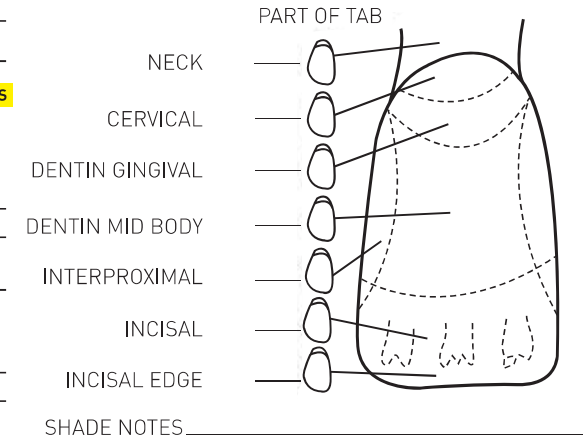


DR. _____ LICENSE # _____
 SIGNATURE: _____ PHONE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 PATIENT'S NAME: _____ AGE: _____ SEX: _____
 TODAY'S DATE: _____ DUE DATE*: _____ ***DETERMINE DELIVERY DATE: DATE LAB RECEIVES CASE + 14 DAYS**

SHADE GUIDE

TAB # _____



1. RX

[ALL CERAMIC] [PORCELAIN TO METAL] [ALL METAL]	EMAX _____ ZIRCONIA - LAYERED _____ ZIRCONIA - FULL CONTOUR _____ P.F.G. _____ P.F.G. HIGH NOBLE _____ PFM _____ GOLD HIGH NOBLE _____ GOLD NOBLE _____	TOOTH# _____ _____ _____ _____ _____ _____ _____
--	--	--

6. SURFACE TEXTURE

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

7. SURFACE FINISH

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

8. INCISAL TRANSLUCENCY

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

2. IMPLANT(S)

PLATFORM _____

SIZE _____

OTHER _____

3. SHADE OF PREPARATION

PREP SHADE OF TEETH #S _____ ND _____

PREP SHADE OF TEETH #S _____ ND _____

PREP SHADE OF TEETH #S _____ ND _____






4. LENGTH OF CENTRALS TO SOFT TISSUE ZENITH

#8 _____ #9 _____

SPECIAL LENGTH INSTRUCTIONS _____

5. RIDGE RELIEF

YES NO

OVATE MM	FULL LAP	BUCCAL LAP	SANITARY CONTACT	SANITARY SPACED
				

9. LABORATORY CHECKLIST FOR DOCTOR'S OFFICE

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

PLEASE SEND
 MAILING BOXES
 RX FORMS
 MAILING LABELS

RX INSTRUCTIONS

SEE BACK OF RX FOR ADDITIONAL INFORMATION

LABORATORY SCHEDULE

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

EMAX	14 DAYS
PFM	14 DAYS
ZIRCONIA	14 DAYS
DIAGNOSTIC WAX UPS	12 DAYS
IMPLANTS	VARIES*
LARGE CASES AND/OR COMBO CASES	UP TO 21 DAYS

*Return date varies depending on implant manufacture, timelines and parts required.

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.

We offer a graduated 5-year warranty against failure due to materials or workmanship on our restorations as follows:

- 1st year: 100% warranty
- 2nd year: 80% warranty
- 3rd year: 60% warranty
- 4th year: 40% warranty
- 5th year: 20% warranty

All remakes returned to the laboratory for warranty must include original models and restorations so we may evaluate the case. Subject to review and conditions. 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 local pickup/delivery area, we provide prepaid labels and shipping supplies. All cases are returned via 2-day air to ensure prompt and timely delivery. Next day delivery option is available. We pay for all outbound shipping; client is invoiced for inbound shipping (once per box received, not per case).

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.

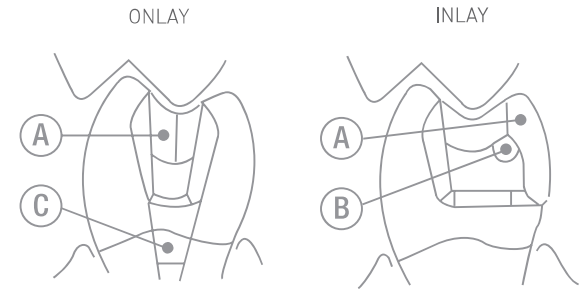
RX INSTRUCTIONS - CONTINUED

PREPARATION GUIDELINES ALL-CERAMIC/COMPOSITE VENEERS



1.5 MM INCISAL REDUCTION

A) 0.7 TO 1.0 MM LABIAL REDUCTION



- 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



LABIAL
LINGUAL
INTERPROXIMAL

INCISAL 1.5 - 2.0 MM



LABIAL
LINGUAL
INTERPROXIMAL

OCCLUSAL 1.5 - 2.0 MM

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