

# Fixed & Removable RX



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 9040 Airport Blvd. P.O. Box 850035 Mobile, AL 36608 (800) 327-4047  
 www.oralartsdental.com e-mail: shade@oralartsdental.com

Dr. Name \_\_\_\_\_ Dr. Phone # \_\_\_\_\_ Dr. Account # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Date Written \_\_\_\_\_ Patient \_\_\_\_\_  Male  Female

**Enclosed #** \_\_\_\_\_ Model \_\_\_\_\_  
 \_\_\_\_\_ Shade Tab \_\_\_\_\_ Impression \_\_\_\_\_  
 \_\_\_\_\_ Articulator \_\_\_\_\_ Bite \_\_\_\_\_  
 \_\_\_\_\_ Crown \_\_\_\_\_ Photos \_\_\_\_\_  
 Other: \_\_\_\_\_

**Due Date** (Please Specify Date) \_\_\_\_\_

Rush dates not guaranteed without prior approval.

**Please Send:**

- Study Model for Anterior Cases
- Stump Shade for All-Ceramic/Ultra-Z Esthetic

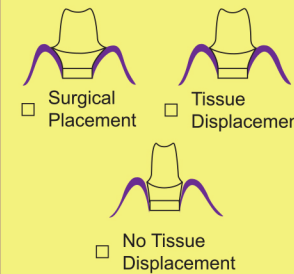


Indicate Implant System \_\_\_\_\_

**Implant Abutment**

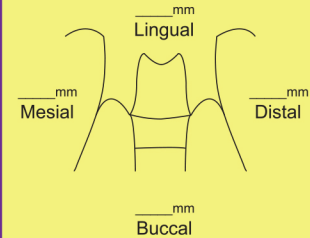
- OAL Custom Titanium Abutment
- OAL Custom Gold Hue Abutment
- OAL Custom Zirconia w/Ti Insert
- Prep Stock Abutment

**Abutment Emergence Profile**



**Abutment Margin Depth**

- Below Tissue, + Above Tissue



**QC Stamp:**

**If No Occlusal Clearance:**

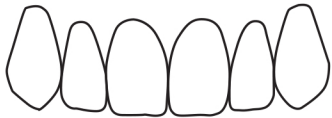
- Adjust Opposing
- Phone Call
- Reduction Coping
- Make this permanent preference

**Dr. Signature** \_\_\_\_\_

**License #** \_\_\_\_\_

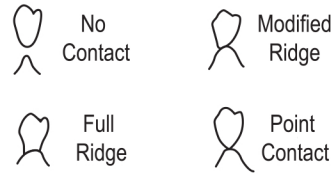
**Shade Instructions:** Shade \_\_\_\_\_  
 Stump Shade \_\_\_\_\_

*email shades to: shade@oralartsdental.com*



**Occlusal Staining:** \_\_\_ None \_\_\_ Light \_\_\_ Medium \_\_\_ Dark

**Pontics (circle preference)**



**Dentures/ Flexible Partial**

- Denture
- Duplicate Denture
- DuraFlex Partial
- DuraFlex/ Metal Combo
- Custom Tray
- Name in Appliance
- IvoBase Premium Injection Denture
- Flipper/ Acrylic Partial
- TCS Unbreakable Partial
- TCS Unbreakable/ Metal Combo
- Bite Rim
- Try-in Setup

**Premium Cast Partial**

- Frame Try-In
- Frame with Setup
- Saddle Areas
- Lab Design
- Metal Dummy
- Metal Dummy/Veneer
- Rest Areas
- Lab Design
- Indicated on Diagram
- Frame with Bite Rim
- Process/ Finish
- Tooth #** \_\_\_\_\_

**Zirconia/ Ceramic Crowns/ Provisionals**

- Element-Z
- Ultra-Z Esthetic
- Element-Z Lingual
- Lava - Porc. to Zr.
- Forte YZr- Porc.to Zr.
- CAD/CAM Oral Temps
- Element-Z Screw Retained Hybrid
- IPS e.Max
- Indirect Composite
- Empress Esthetic
- Add Fiber Force REINF

**Margin & Metal Design**



**Set Up/ Teeth**

- Ideal
  - Study Model
  - Characterized
  - Premium Teeth
  - Economy Teeth
- Shade \_\_\_\_\_ Mould \_\_\_\_\_

**Tissue/ Acrylic Shade**

- Acrylic:**  Light  Original  Dark
- Ethnic:**  Light  Medium  Dark
- DuraFlex:**  Clear  Light Pink  Medium Pink  Dark Pink
- TCS Unbreakable:**  Light Pink  Standard Pink  Light/ Dark Pink  Dark Pink

**Night Guards/Bite Splints/Mouthguards**

- AstronCLEAR
- AstronCOLOR
- BiteSoft Ant.Splint
- Comfort Hard
- Comfort HS Color
- Comfort HS
- Day Guard
- DuraSoft Splint
- Gelb Splint
- IvoBase Clear Injected Splint
- Sprinkled Acrylic Splint
- Soft EVA
- Variflex HS

*Specify Colors on RX*

**Sleep Apnea & Ortho Devices**

- dreamTAP
- EMA
- myTAP
- QuietNite
- SomnoDent
- Specify Ortho Device on RX
- TAP 3 Elite TL

**Full-Cast Crowns**

- Base Metal
- Argenco Y+ Yellow Noble
- Yellow Noble
- WN
- WHN
- YHN

**Post & Core**

- One Piece
- Separate

**PFM Crowns**

- Base Metal
- Noble
- Captek
- WHN
- YHN

# In-Lab Turnaround

5-day turnaround on most restorations up to ten units!  
 (Except Oral Arts Select...See Schedule)  
**Free shipping to and from our laboratory!**

## Crown & Bridge

Element-Z, Ultra-Z Esthetic, or IPS e.max ...	5 Days
1-10 Units PFM .....	5 Days
11 or more Units .....	7 Days
Full Cast .....	3 Days
Procera .....	8 Days
Lava or Forte YZr .....	5 Days
Crown with attachments or implants .....	7 Days
Custom Titanium or Zirconia Abutment only .....	8 Days
Custom Ti or Zr Abutment with Crown .....	15 Days
Select™ 1-12 Units .....	10 Days
Select™ Larger Cases .....	Call for schedule

## Crown & Bridge Rush Charges

24 Hour, In House .....	100.00 per unit
48 Hour, In House .....	75.00 per unit
72 Hour, In House .....	50.00 per unit

## Removable & Ortho Rush Charge

Rush beyond normal time schedule .. 50.00 per case

## Cast Partial

Cast Framework .....	5 Days
Set-Up for Try-In .....	3 Days
Process and Finish .....	3 Days
Set-Up, Process and Finish .....	5 Days
Bite Rim .....	2 Days

## Flexible Partials

Set-Up for Try-In .....	4 Days
Process and Finish .....	3 Days
Set-Up, Process and Finish .....	6 Days

## Cu-Sil® Partial

Set-Up for Try-In .....	4 Days
Process and Finish .....	4 Days
Re-shoot Cu-Sil and Reline .....	3 Days

## Dentures

Set-Up for Try-In .....	3 Days
Process and Finish .....	3 Days
Set-Up, Process and Finish .....	5 Days
Bite-Rims, Trays and Reline .....	2 Days

## Orthodontics

Ortho Appliances .....	2-7 Days
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## Splints & Mouthguards

IvoBase Clear Injection Splint .....	5 Days
Comfort H/S .....	5 Days
AstronCLEAR/AstronCOLOR.....	5 Days
Processed Acrylic Splint .....	5 Days

## Sleep Apnea Devices

Myerson EMA .....	5 Days
TAP 3 Elite TL .....	5 Days

**Working days do not include pick-up,  
 delivery or mail days.**

## Payment Terms

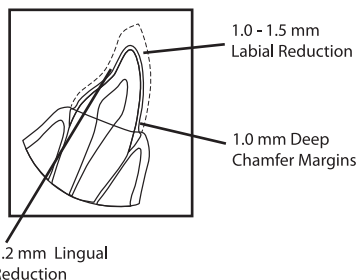
The statement balance is due and payable by the fifteenth of the month following purchase. A service charge of 1.5% per month (annual rate of 18%) will be applied to any unpaid balance accounts with outstanding balances over 45 days will be subject to C.O.D. status. If you have any questions please contact Kathy Henley at [kathy.henley@oralartsdental.com](mailto:kathy.henley@oralartsdental.com)

## Limited Warranty/Limitation of Liability

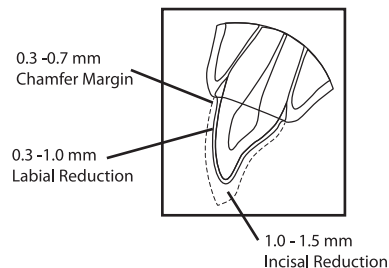
Oral Arts Laboratories ("the lab") warrants that all dental devices (a "device") are made according to your specification and approval in the belief that the device will be useful and makes no other warranties including, but not limited to, any implied warranty of merchantability or fitness for a particular purpose. This Limited Warranty and Limitation of Liability ("Agreement") will be extended with the presentation of a verified proof-of-purchase, which includes an original invoice number/date, patient's name and the original model. This limited warranty extends only to the original purchaser of a device and does not extend to patients or other individuals and/or entities to whom the device(s) is/are sold, implanted, inserted or delivered. Subject to the return of a device that is placed and then fails, the lab will repair or remake the device without charge for the cost of materials and workmanship or refund the original price paid, at the lab's option, as follows: (1) porcelain to metal, all porcelain, all metal, single-unit inlay, onlay and crown composite resin final prosthetics (excluding mutually opposing implant- supported full arch bridges), milled implant bars, and screw-retained titanium or zirconia abutments (excluding abutments with angulations greater than 20 degrees), up to seven years; (2) composite resin bridges (excluding Maryland and inlay/onlay bridges) up to five years; (3) dentures and partials including screw-retained dentures but excluding immediate dentures and partials up to one year if the failure is due to defects in materials or workmanship; (4) thermoformed appliances and splints if the failure is due to defects in materials or workmanship, temporaries, composite resin Maryland and inlay/onlay bridges, up to six months; (5) immediate dentures and partials, flippers, retainers, surgical and radiographic guides, and all other dental devices up to thirty days if the failure is due to defects in materials or workmanship. You agree to pay all other costs of adjustment, repair and replacement of a device. Except where prohibited by law, the lab will not be liable for any loss or damages arising from the use of a device, whether direct, indirect, special, incidental or consequential, regardless of the theory asserted, including warranty, contract, negligence or strict liability and if such disclaimer is not permitted by law, the duration of any implied warranty is limited to 90 days from the date of delivery. The lab does not guarantee the performance of independent carriers. Oral Arts will only accept returns of implant parts on un-opened packages with the product in its original condition. The parties to this Agreement mutually agree to waive any and all class actions in favor of mandatory individual arbitration of all claims arising out of, or related to, this Agreement. Any controversy or claim arising out of, or relating to, this Agreement, or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association. The place of the arbitration shall be Huntsville, Alabama and Alabama state law shall apply.

# All Ceramic Tooth Prep

## Anterior Crown



## Veneer



## Posterior Crown

