

Fixed & Removable RX



DENTAL LABORATORIES

2700 S. Memorial Pkwy P.O. Box 413 Huntsville, AL 35801 (800) 354-2075
 9040 Airport Blvd. P.O. Box 850035 Mobile, AL 36608 (800) 327-4047
www.oralartsdental.com

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

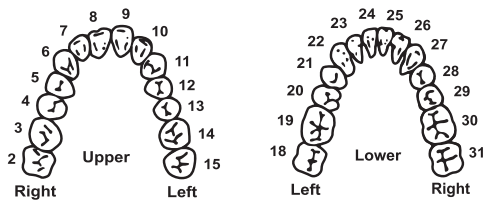
Enclosed # _____ Model _____
 _____ Shade Tab _____ Impression _____
 _____ Articulator _____ Bite _____
 _____ Crown _____ Photos _____
 Other: _____

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

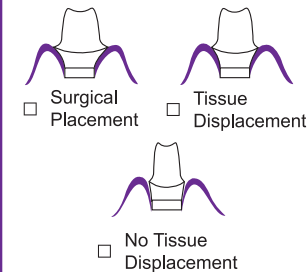


Indicate Implant System _____

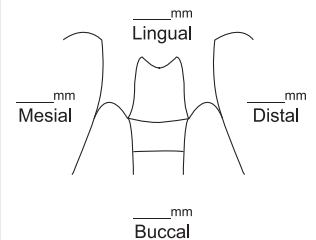
Implant Abutment

- 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 _____

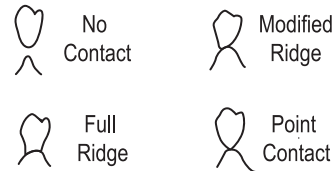
Stump Shade _____

Attach shade photos to your case via the OA Customer Portal.



Occlusal Staining: ___ None ___ Light ___ Medium ___ Dark

Pontics (circle preference)



Dentures/ Flexible Partial

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

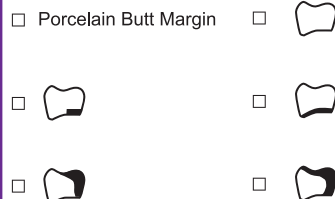
Premium Cast Partial

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

Full-Cast Crowns

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

Post & Core

- One Piece
- Separate

PFM Crowns

- Base Metal
- Noble
- Capttek
- WHN
- YHN

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

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 COD status. If you have any questions please contact Kathy Henley at kathy.henley@oralartsdental.com. Any case inquiries, questions, or concerns should be directed to info@oralartsdental.com

Payment Terms

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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.

Case Materials

**For lab use only*

| | |
|---------------|-------------------|
| Order # _____ | Unpacked by _____ |
| Pan # _____ | Packed by _____ |

| Material | #Received | #Shipped |
|----------------------|-----------|----------|
| Models | | |
| Impressions | | |
| Bite | | |
| Metal/Ceramic Coping | | |
| Crowns | | |
| Shade Tab | | |
| Soft Tissue | | |
| Die | | |
| Reduction Coping | | |
| Implant Parts | | |
| Articulator | | |
| Bite Jig/Fork | | |
| Photo | | |
| Partial | | |
| Denture | | |
| Partial Frame | | |
| Wax Try-In | | |
| Denture Teeth | | |
| Ortho Bands | | |
| Ortho Appliance | | |
| Other | | |