



RX date

month / day

return date

month / day

\*Cases are delivered by 5PM

**ENCLOSED WITH CASE**

- photos
- bite
- models
- implant parts
- impression
- shade tab

**PLEASE SEND**

- RX forms
- boxes
- mailing labels

**DOCTOR INFORMATION**

doctor name \_\_\_\_\_

phone \_\_\_\_\_

**PATIENT INFORMATION**

patient name \_\_\_\_\_

age \_\_\_\_\_ gender  m  f

**SPECIFIC INSTRUCTIONS**



- dr. to die trim
- metal try-in
- finish to porcelain

**PFM**

- high nobel (white)
- semi-precious
- non-precious

**FULL CAST**

- high nobel (yellow)
- semi-precious (white)
- semi-precious (yellow)
- gold inlay / onlay

**MARGIN DESIGN**

- porcelain to margin
- porcelain butt margin
- metal collar \_\_\_\_\_ mm

**IF NO OCCLUSAL CLEARANCE**

- Metal occlusion on lingual
- Reduction coping
- Reduce opposing
- Make permanent note
- Metal occlusal excluding buccal CUSP
- Metal occlusal including buccal CUSP

**PONTIC DESIGN**

- ovate \_\_\_\_\_ mm
- modified ridge lap \_\_\_\_\_ mm
- ridge lap

**CUSTOM IMPLANT ABUTMENTS**

- screw retained
- cemented
- titanium
- zirconia
- gold hue
- implant brand \_\_\_\_\_
- platform size \_\_\_\_\_
- seating jig

**FIXED & REMOVABLE DENTURES**

**REMOVABLE TYPE**

- frame try-in
- frame/Dent w/occl. rim
- frame/Dent w/set-up try-in
- finish

- standard denture
- premium denture
- immediate denture
- acrylic partial denture
- flexible partial
- other

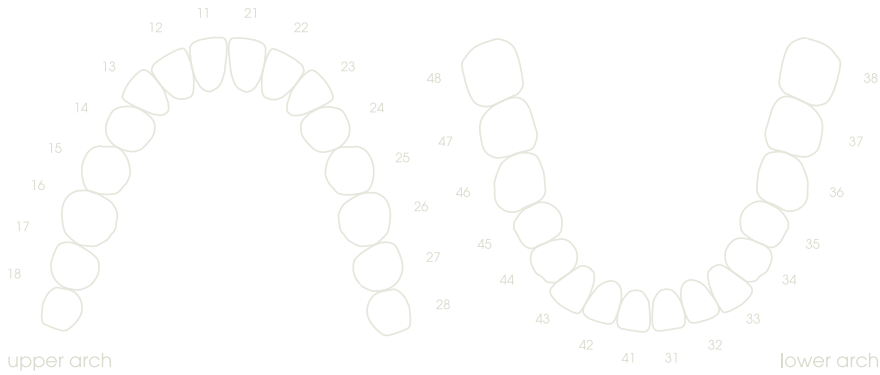
- locator retained
- bar retained (ti bar)
- screw retained hybrid (ti bar)
- conus

**SHADE**

- tooth shade \_\_\_\_\_
- tooth mould \_\_\_\_\_
- tissue shade \_\_\_\_\_
- posterior dam
- name in denture

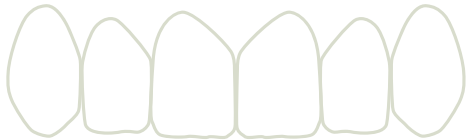
**SPLINTS & SPACEMAINTERS**

- hard splint
- dual splint
- ANTERIOR GUIDANCE**
- yes
- no
- athletic guards
- spacemainter



doctor license# \_\_\_\_\_ doctor signature \_\_\_\_\_

**SHADE INSTRUCTIONS** \* Required for Ceramic Restorations ↓



shade \_\_\_\_\_ stump shade \_\_\_\_\_

**occlusal staining**

- none
- light
- medium
- dark

Custom stain or shade - Call for Appointment

**CERAMIC**

- stained
- layered
- monolithic

**ZIRCONIA**

- full contour zirconia
- Full contour zirconia esthetic
- layered zirconia

**PROVISIONALS**

- resin milled temporaries
- flipper partial (1-3 teeth included)



**TERMS** Customer agrees to the company policy as stated on reverse.

All accounts are due by the 10th of the month following invoice date & are subject to a late charge of 1.5% if not paid by the 20th.

## LIMITED WARRANTY / LIMITATION OF LIABILITY

**Centric Dental Lab, Inc.** (“the lab”) warrants all dental devices (a “device”) are made according to your specification and approval in 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.**

Subject to the return of a device that is placed, then fails, the lab will repair or replace 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 prosthesis. (Excluding mutually opposing implant supported full arch bridges), milled implant bars and screw retained titanium abutments (excluding abutments with angulations greater than 20°), up to 5 years.

(2) Composite resin bridges (excluding Maryland bridges, inlays, onlays), up to 2 years

(3) Zirconium abutments, up to 2 years

(4) Dentures and partials including screw retained dentures but excluding immediate dentures and partials, up to 1 year if the failure is due to defects in the material or workmanship

(5) Thermoformed appliances and splints if the failure is due to defects in material or workmanship, up to 6 months

(6) Immediate dentures, partials, flippers, retainers, space maintainers, surgical and radiographic guides and all other dental devices, up to 30 days if the failure is due to defects in material or workmanship.

### **Modifications or Termination:**

Centric Dental Lab, Inc. may modify or terminate this limited warranty at any time in whole or in part.

Any Warranty claims must be accompanied by original prosthesis.

### **The following limited warranty conditions apply:**

(1) Good oral hygiene of the patient as monitored by the user

(2) Limited-warranty case is not resulting from an accident, a trauma or any other damage caused by the patient or third party.

You agree to pay all other cost of adjustment, repair and replacement of 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 date of delivery.

In the event of a dispute and absent an amicable resolution, the parties mutually agree to waive individual or class actions in favor of mandatory individual arbitration of claims under this limited warranty in and in accordance with the laws of Texas.

## TERMS

Cost of collection of any account will be paid by the customer. All accounts are due by the 10th of month following invoice date, they are subject to late charge of 1.5% if not paid by the 20th. Accounts not paid within the stated terms will be subject to COD status. Prices are subject to change without notice.

- Please do not count holidays, weekends or days in transit as working days.
- Rush cases, Repairs or Relines need to be prescheduled with Centric.



[www.centricdentallab.com](http://www.centricdentallab.com)