



date  
prepped

month / day

return  
date

month / day

\* Cases are  
delivered  
by 5PM

### ENCLOSED WITH CASE

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

### PLEASE SEND

- ☐ RX forms ☐ mailing labels  
☐ boxes

### DOCTOR INFORMATION

doctor  
name

phone

### PATIENT INFORMATION

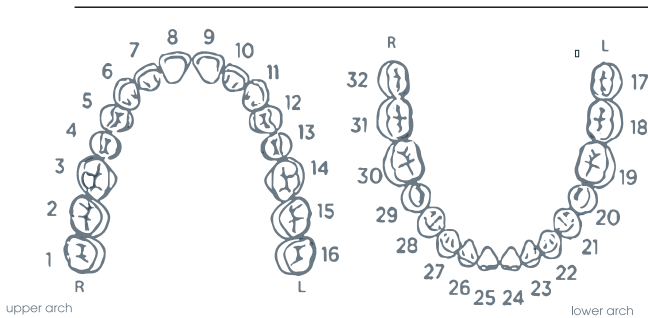
patient  
name

age  gender ☐ m ☐ f

### SPECIFIC INSTRUCTIONS



Tooth number(s) to be restored:



### PFM

- ☐ high Noble (white)  
☐ Noble  
☐ base

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

### FULL CAST

- ☐ high Noble (yellow)  
☐ Noble (white)  
☐ Noble (yellow)  
☐ gold inlay / onlay

### CERAMIC

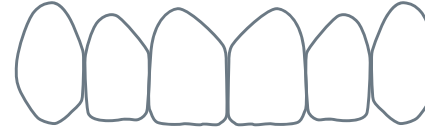
- ☐ Full contour  
☐ layered

### ZIRCONIA

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

### SHADE INSTRUCTIONS

\* Required for Ceramic Restorations ↓



\*Custom stain or shade - Call for Appointment

- shade  stump  
shade   
occlusal staining ☐ none ☐ light  
☐ medium ☐ dark

### MARGIN DESIGN / OCCLUSAL CLEARANCE

- ☐ porcelain to margin ☐ porcelain butt margin  
☐ metal collar  mm ☐ Metal occlusion or lingual  
☐ Reduction coping ☐ Reduce opposing

### PONTIC DESIGN

- ☐ ovate  mm ☐ modified ridge lap  mm ☐ ridge lap

### CUSTOM IMPLANT ABUTMENTS

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

### FIXED & REMOVABLE DENTURES

REMOVABLE TYPE ☐ frame try-in ☐ occlusal rim try-in ☐ set-up try-in ☐ finish

- ☐ immediate denture ☐ economy denture ☐ standard denture ☐ premium denture  
☐ acrylic partial denture ☐ flexible partial ☐ cast partial denture ☐ other

- ☐ locator retained ☐ screw retained hybrid (Titanium Bar) ☐ conus

SHADE ☐ tooth shade ☐ tooth mould ☐ tissue shade ☐ full name in denture ☐ posterior dam  
☐ 1st initial. Last name in denture.

### SPLINTS & SPACEMAINERS

- ☐ hard splint ☐ ANTERIOR GUIDANCE  
☐ dual splint ☐ yes ☐ no

- ☐ athletic guards  
☐ spacemaintainer

### PROVISIONALS

- ☐ resin milled temporaries  
☐ flipper partial

\* If sending photos, please send to: photos@centricdentallab.com

doctor license#  doctor signature



## 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)