

Steps 1 through 4 are required. All incomplete forms will automatically be put on hold.

Doctor's Name: _____ Shipping Address: _____
 Phone Number: _____ Email: _____
 Patient Name: _____ Patient Age: _____ Sex: M F
 Date Sent: _____ Photos emailed to pictures@rdentlab.com

1. Select One Type of Delivery

- Deliver Case Before Patient Appointment
 Date of Patient Appt. ____ / ____ / ____
 Time of Patient Appt. ____ : ____
- Follow In-Lab Schedule
Patient will be appointed after receiving case.

2. Specify Type of Case

- RUSH per _____ New Repair Remake Implant

3. Select Your Product

All-Ceramic

- INfinite™** Layered Zirconia **INfuse™** Glass Ceramic
 INspire HS™ FCZ (High-Strength) IPS e.max®
 INspire HS™ FCZ With Cutback & Layer IPS e.max® With Cutback & Layer
 INspire UT™ FCZ (Ultra-Translucent) IPS e.max® Veneer

PFM (Porcelain-Fused-to-Metal)

- Base Metal White
 Noble White
 High-Noble White
 High-Noble Yellow

Full Cast

- Base Metal White
 Base Metal Yellow
 Noble White
 Noble Yellow
 High-Noble Yellow

Miscellaneous

- Diagnostic Wax-Up
 Temporary Crown/Bridge
 Ceramage Composite
 Post in Core (In Crown or Separate)
 Other _____

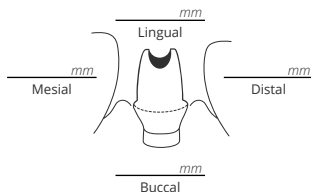
Implant System: _____

Platform Diameter: _____

- Screw-Retained Cement-Retained
 Custom Titanium Abutment
 Custom Zirconia w/ Ti Insert
 Custom Gold Hue Abutment
 Stock Abutment

Margin Depth

Please Mark:
 (-) for below tissue
 (+) for above tissue



Dentures & Partials

Select Your Arch/Arches:

- Maxillary Mandibular
 Immediate Immediate

Select Your Denture Series:

- Traditional Dentures:**
 Gold Silver
Digital Dentures:
 INSure™ Gold **INSure™** Silver

Select Your Partial:

- Cast Acrylic Flipper
 Flexible **INSure™** Acetal
 Flexible/Cast Combo

3. Select Your Product Continued

Select Your Service:

- Baseplate w/ Wax Rim Set up for Try-In Repair
 Frame w/ Bite Block Try-In Reset for Try-In Reline
 Frame Only Try-In Reset Process & Finish Heat Cure
 Process & Finish Perma-Loc Gasket Cold Cure

4. Customize Your Product

Shade: _____ Stump Shade: _____ Tooth #: _____
 Gum Shade: _____ Clasp: _____ Extracted Tooth #: _____

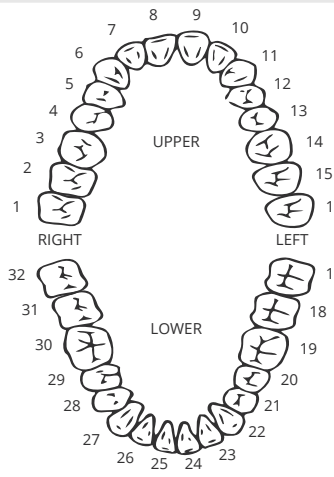
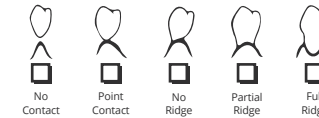
5. Design Your Product (optional)

Final Shade



Additional Case Instructions

Pontic Design



Dr. Signature: _____ License #: _____

Terms: Invoices are due in full net 30 days from invoice date. If not paid in 30 days, account is subject to 1.5% finance charge per month of unpaid balance (approximately 18% annual percentage rate). If not paid within 60 days, attorney fees, cost of collection and continuing interest shall be added.

In-Lab Production Schedule

Fixed Restorations

Porcelain-Fused-to-Metal	8 day
Maryland Bridge	8 day
Full Cast	5 day
IPS e.max® Press & IPS e.max® CAD*	5 day
INspire™ HS (High-Strength)*	5 day
INspire™ UT (Ultra-Translucent)	5 day
IPS e.max® & INspire™ “model-less” from Dentist Scan File	3 day
INfinite™ Layered Zirconia	8 day

Fixed Repairs

Contacts	1 day
Darken Shade	1 day
Lighten Shade	3 day
Redefine Anatomy & Glaze	1 day
Porcelain Fracture	3 day

Custom Abutments

Atlantis™ Titanium, GoldHue, & Zirconia Abutment	5 day
Nobel Procera® Titanium & Zirconia Abutment	5 day
BioHorizons® Vulcan Titanium Abutment	5 day
BellaTek® Encode® Titanium & Gold-Shaded Abutment	5 day

Fixed Additional Services

Diagnostic Wax-up	5 day
CAD/CAM Provisional	5 day
Model Work Only	1 day
Acid Etch	1 day
Design-to-Fit Partial (Existing)	3 day
CAD/CAM PMMA Verification Bridge	4 day

Removable Restorations

Acrylic Flipper (4 Teeth or Less)	1 day
Acrylic Partial Complete	5 day
Avoid Embarrassment Denture	2 day
Full Denture Complete	5 day
Set-up for Try-in	3 day
Process & Finish	3 day
INsure™ Digital Denture Try-in	5 day
INsure™ Digital Denture Reprint (After Try-in)	3 day
INsure™ Digital Partials	8 day
Cold Cure (Hard & Soft) Relines & Repairs	1 day
Heat Cure (Hard & Soft) Relines	2 day
Rebases	2 day

Cast Partials

Cast Partial Complete	10 day
Vitalium® 2000 Plus Cast Frame	6 day
Cast Frame with Bite Blocks	7 day
Cast Frame with Set-up	8 day
Set-up for Try-in	3 day
Set-up for Process	5 day
Process & Finish	3 day
Cast Partial Cast Weld Repair	5 day
Laser Weld Repair	1 day

Flexible Partials

Acry-Tone, Valplast®, TCS®, FRS™, & DuraFlex™ Complete	8 day
Acry-Tone, Valplast®, TCS®, FRS™, & DuraFlex™ Unilateral	8 day
Set-up for Try-in	3 day
Process & Finish	5 day

Flexible Partials Continued

Acry-Tone, Valplast®, TCS®, FRS™, DuraFlex™ & Cast Frame Combination Complete	10 day
Valplast®, TCS®, FRS™, & DuraFlex™ Repair, Reline, or Rebase	3 day

Mouthguards & Appliances

Acry-Tone & Elastomer Nightguard	3 day
Comfort R-Guard, Soft Nightguard, & Athletic Mouthguard	2 day
3D Printed Surgical Guide	8 day
Surgical Healing Stint, Temporary Stint, & Type 2 Surgical Guide	3 day
Radiographic & Gelb Stint	5 day
Bleaching Tray	2 day
Sleep Apnea & Snoring Device	10 day

Mouthguards & Appliances

Bite Rims & Custom Trays	2 day
Processed Baseplate with Wax Rim	3 day
Resets & Change Tooth Shade	2 day
3D Print Full-Arch Model (Digital Impression Cases)	2 day
INvisible™ Tissue Colored & Clear Clasp	2 day
Cast Clasp	3 day
Perma-Loc Gasket	1 day
Fiber Force® Denture Grid	1 day
Soft Liner New Denture	1 day
Custom Gingival Toning	1 day
Verification Index	3 day

General Warranty Information

R-Dent Dental Laboratory warrants that all dental devices are made according to the doctor's specifications and approval in the belief that the device will be useful and makes no other warranties including, but not limited to, any implied warrant of merchantability or fitness of a particular purpose. This Limited Warranty and Limitation of Liability 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 credit the original price paid, at the lab's option. Specific product warranties are sent with each individual case and is warranted against defects in workmanship and materials for the period specified from the delivery date.

What Is Covered: Repair or replacement of the product.

What Is Not Covered:

1. Cash refund of prosthesis.
2. Cost incurred for removal or reinsertion.
3. Repairs resulting from accident, neglect, abuse, failure of supportive tooth or tissue structures, improper adjustments or improper dental hygiene.
4. Incidental or consequential damages including inconvenience, lost wages, and pain and suffering.
5. Implant cosmetic or precision attachment cases.
6. Shipping costs for repairs.

Conditions Which Must Be Met For Warranty To Apply

1. Prosthesis must be inserted by a licensed practicing dentist.
2. Patient must adhere to a semi-annual dental maintenance program (cleaning and exam) in the office of a licensed practicing dentist.
3. Within the limitations of the warranty, the prosthesis, written work authorization and the Original Invoice must be sent to R-Dent Dental Laboratory.