

Patient Name _____ Sex _____ Age _____ Rush Case By

Doctor Name _____ Doctor Mobile _____ Doctor Email _____ Technical Support Call

Office Address _____ Doctor License # _____

Enclosed with Case: Model Metal Trays Bite Shade Tab Articular Bite Impressions Photo (Preferred) Other

Fixed Restorations

- Feldspathic PFM
- Veneer High Noble White Yellow
- Porcelain Jacket Crown (PJC) Noble Semi-Precious
- Minimal Prep Veneer Non-Precious

Full Contour Layered

- eMax Zirconia Inlay/Onlay
- Veneer Crown Crown
- Crown Bridge Bridge
- Bridge Full Gold Crown Inlay Post

Esthetics

- Anatomy/Morphology LVI Light Medium Heavy
- Occlusal Stain None Light Medium Heavy
- Translucency None Light Medium Heavy
- Surface Texture Smooth Moderate Heavy
- Surface Finish High Gloss Medium Gloss Matte

Additional Considerations

Pontic Design

Ovale

- Inadequate Clearance Spot Opposing Reduction Coping
- Porcelain Butt Margin 180° 360°
- Metal Zone Lingual Margin Occlusal

Temporaries

- Veneer Bridge Wire Reinforced Study Model Putty Matrix Clear Silicone
- Crown Fiber Reinforced White Wax-Up Vacuform Tray
- Prep. Reduction Guide Essix Retainer
- Night Guard: Hard Soft Hard/Soft

Overdenture Specifications

- Bar-Retained Hader Dolder Other
- Attachment-Retained Locator® Ball Other
- Reinforced with Metal Partial Frame

Surgical Guided Templates & Appliances

- Computer Generated Analog Digital Planning with Doctor
- 2mm Pilot Guide Hole Sleeve No Sleeve
- Fully Guided
- Date & Time
- _____
- _____

Removable Prosthetics

- Upper Lower Custom Tray Bite Block Set up Try-in Reset Finish

Full Denture

- Standard Premium

Immediates

- Extract All Extract Tooth # _____

Non-Metal Partial

- Flexible Partial Valplast 3D Printed

Acrylic Partial

- Flipper (1Tooth) Stayplate (2-5 Teeth) Acrylic Partial (6+Teeth)

Combo Partials

- Cast Metal Frame with Flexible Frame with Flexible Partial

Cast Metal Partial

- Cast Metal (Chrome Cobalt) Vitallium 2000

Gingiva Shade G1 G2 G3 G4 G5

Miscellaneous Aesthetic Clasps Flexible Clasps Wrought Wire Clasps

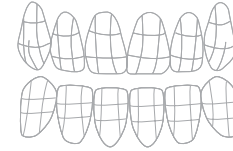
Reline Repair Extensive Repair Strengtheners

Implant Prosthodontics

Includes model, milled custom abutment or Ti base, screw abutment
Insertion guide and restoration of choice:

- Titanium Abutment Zirconia Abutment Cement-Retained
- Ti-base ASC Full Contoured Screw-Retained

Shade Information



Shade Desired _____

Stump Shade

Emergence Profile and Margin Depth Parameter

Tissue Displacement / Emergence Profile

- Minimal (0.5 mm)
- Moderate (1.0 mm)
- Anatomical (full tooth shape)

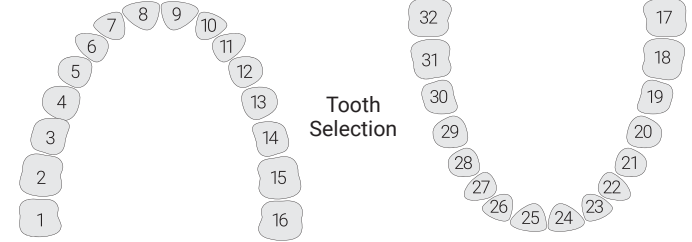
Margin Depth

Lingual Default 1mm

Distal Default 1mm

Mesial Default 1mm

Buccal/Facial Default 1.5mm



Coupon Code: _____

SIGNATURE



TERMS

All account balances are payable in full within 20 days from statement date. **Accounts not paid within the stated terms will be subject to C.O.D. status and a late charge of 2% of unpaid balance.** All cases remain the property of Dostal Dental Laboratory until the account balance is fully paid. **We honor VISA, MASTERCARD, and AMEX.** All disputes arising out of or relating to the agreement or the work performed shall be governed in all respect by the laws of the state of California without regard to its conflicts of laws provisions, with venue in Los Angeles County, with prevailing party to receive attorney's fees, court costs and all other expenses, in addition to any other relief to which the prevailing party may be entitled.

DOSTAL DENTAL LABORATORY WORKING SCHEDULE

Please allow for the full working time on each type of product. Working times do not include Weekends or Holidays. **All Rush cases must be pre-scheduled,** by calling customer service before the case is shipped, time of pick-up and delivery may affect turnaround time.

To Pre-schedule your Rush cases please call 1.818.821.8887

LIMITED WARRANTY / LIMITATION OF LIABILITY:

All devices and restorations are fabricated according to your specifications as stated in this prescription or as modified by you. To invoke warranty provisions, the prosthesis insertion or cementation must have been performed by a licensed Dentist and the device must be returned with a new full impression if a remake becomes necessary. The exclusive remedy under this warranty shall be, at our sole option, repair or replacement of the device without charge for materials and workmanship. The obligation is to repair or replace and there shall be no other remedy. This warranty does not cover any cost of or due to removal or insertion of the device, repairs/replacements resulting from accident, abuse, improper adjustments or dental hygiene, failure of supportive tooth or tissue structures as well as consequential/incidental damages to include pain/suffering, lost wages and chairtime, and repairs on any device partially/completely made by another facility. In no Event shall Dostal Dental Laboratory be liable for consequential incidental, economic or special damage. **The Dostal Dental Laboratory (The Lab) will not be liable for any loss or damages arising from the use of devices mentioned above.** The warranty period is 3 years for removable devices, from delivery date. The lab does not guarantee the performance of independent carriers. You acknowledge that limitations on liability are a usual part of business-to-business relationships, and common practice in the dental industry.