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Patient Name (Please Print)

Last

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Due Date (Day BEFORE the Patient's Appointment)

	/		/		:		AM PM
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Tooth #

☐ Single ☐ Bridge

☐ **Multilayered Zirconia (1100MPa)**

☐ **Emax (400MPa)**

PFM

☐ NP ☐ SP ☐ WHN ☐ Try-in

Full Metal

☐ NP ☐ SP ☐ YHN ☐ Try-in

Doctor will provide specific instructions to:

(name of technician)

If there is not enough occlusal clearance:

☐ Reduce Opposing ☐ Call to Discuss
☐ Reduce Abutment/Prep

Occlusal Contact

☐ Tight (0.1mm) ☐ **Light (0.3mm)** ☐ Out of Contact (0.5mm)

Occlusal Stain

☐ None ☐ **Light** ☐ Medium ☐ Dark

Address

License #

Doctor's Signature

(Personal signature of doctor in compliance with the Virginia Practice Act)
Dentist agrees to company policies stated on reverse.

First

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Practice Name

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Doctor's Name

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Implant

☐ **Please split my invoice with oral surgeon**

Name of Practice

Name of oral surgeon

Phone #

Implant Part

☐ Original ☐ **Generic**

Implant Crown Type

☐ **Screw Retained** ☐ Cement Retained
☐ Cementable Crown with Screw Access

Abutment Type

☐ Titanium ☐ Zirconia ☐ UCLA ☐ Stock

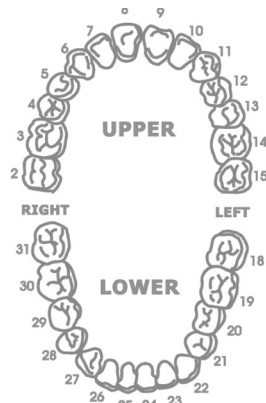
SHADE



Stump

Final

☐ Custom ☐ Call ☐ Email ☐ Old Crown



***Bolded options indicate default lab selections if no choice has been marked ***

AGREEMENT

These Terms and Conditions are made effective by the customer ("Dentist") set forth on the reverse hereof submitting this form ("Agreement") to Crystal Dental Lab, Inc., a Virginia Corporation ("CDD"). The Dentist agrees to a contract for the sale and delivery of the specially fabricated goods ("Goods") mentioned herein.

1. Dentist agrees to pay in full the stated price of Goods within 30 days after the date of the statement. All balances remaining past such date will incur a 2% late service charge per month. Accounts not paid within the stated terms or accounts above their credit limit will be subject to C.O.D. status.
2. Any and all attachments, including but not limited to prescriptions, modifications, diagrams, photographs, models, or instructions of any sort, will be incorporated into this Agreement unless CDD objects. Should the Dentist cancel any order submitted before shipment, the Dentist shall pay for any losses or damages to CDD.
3. Dentist must completely clean all blood and saliva from all materials and must disinfect all of these items before sending them to CDD and again when returned from CDD before placement in patient's mouth.
4. The Dentist has the right to inspect Goods prior to acceptance. If Goods are not returned to CDD within 10 business days, this will mean acceptance of Goods. Other forms of acceptance shall include, but are not limited to, cementing of Goods in the mouth, requesting shade changes or modifications of preparations, bites, or designs. Within the 10 day acceptance period, cases will be remade at no charge unless prior notice was given by CDD. After the acceptance period the case will need to be evaluated and charges may apply to remakes/adjustments. There will be absolutely no returns or refunds.
5. Should the Dentist request a remake of Goods, Dentist agrees to resubmit all original Goods including but not limited to original impressions, models, and restorations to CDD. CDD must have original Goods to evaluate possible restoration replacement and/or repair options and the cost to Dentist. Should Dentist return nonconforming Goods for any reason, Dentist must give CDD the opportunity to provide conforming Goods within a reasonable timeframe.
6. If Dentist chooses to use his/her own Rx (prescription) form or the form of another lab or organization, the terms set forth in this official CDD prescription will govern the contract for all products and specially fabricated Goods.
7. The parties to this Agreement shall be governed by and construed in accordance with the laws of the United States and the State of Virginia without giving effect to the conflicts of laws and provisions thereof. The parties further agree that any and all actions that may arise under this Agreement shall lie exclusively in the courts of the United States in the County of Fairfax located in the State of Virginia.
8. If any terms of this Agreement are found by a court of competent jurisdiction to be invalid or unenforceable, then this Agreement, including all of the remaining terms, will remain in full force and effect as if such invalid or unenforceable terms had never been included.
9. The Dentist agrees to pay all late service charges, legal, and collection costs in the event of non-payment or lawsuit, including reasonable attorney fees.
10. The Dentist agrees to sign an official Crystal Dental Lab, Inc., laboratory slip, which includes his/her license number, to be kept on file with the aforementioned laboratory. This will serve as "Permission Granted" for all work to be completed in the future, regardless of any generic, digital, or other prescription slip the Dentist chooses to use for his/her case work.