



Dr. Name _____ Pt. Name _____
Practice _____ Sex _____ Age _____
Address _____
Dentist License # _____ Rx date _____
Dr. Signature (required) _____ Due date _____

Note: If no due date is assigned, a standard due date will be applied. Please call to schedule combination cases.

Please, assign my case to a Master ceramist

Occlusal Contact: Tight (0.1mm) Light (0.25mm) Out of contact (0.5mm)

Restorations: Zirconia Emax Dx Wax-up

Implant Crown Type: Screw retained Cement Retained Screwmentable

Abutment Type: Titanium Zirconia Other

Implant System and Size _____ Original Generic

Please split my invoice with oral surgeon

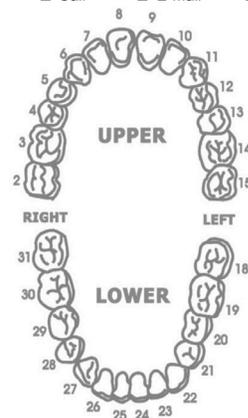
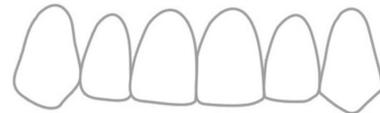
Name of practice _____ Surgeon _____

Full Mouth/Arch Implant Restorations

- Screw Retained w/ Ti bar Bar overdenture
- Screw Retained Zir. Locator Overdenture
- Cement Retained Zir.

Additional Instructions:

SHADE _____
Stump _____ Final _____
 Custom Call E-Mail Old Crown



What are the goals of this case?

**Please, fill out this form for every anterior case*

1. Length of Centrals #8: _____ #9: _____
 - Lengthen by _____ mm
 - Shorten by _____ mm
 - No Change
2. Correct Canting? Yes No

**If yes, Photos/Face bow MUST be sent*
3. Overjet Increase by _____ mm
 Reduce by _____ mm
 No Change
4. Widen Buccal Corridor? Yes No
5. Open VDO (CEJ to CEJ from 8 to 25 or 9 to 24) By _____ mm

**Must be full arch/mouth rehab to change VDO*

**Following items must be sent for every anterior case.*

1. Photos: Full face smile, Retracted, Final and Stump with shade tabs.
2. Scan or impression of Pre-op / Adjusted Temps.
3. Face-bow with Photos from front and side if you find any canting.



**These are example pictures*

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.