



Phone: (805) 409-9911

Customer Account Number

Customer Name

Address

Phone Signature

Dr.'s License Number

Patient ☐ Male ☐ Female Age:

Date Due In Office: _____

IMPLANTS

Brand / System _____

Size _____

☐ Cement retained ☐ Screw retained/Hybrid

Abutment Material Type

☐ Titanium ☐ Zirconia
☐ Anodize metal abutment

Lab Notes: _____

RESTORATION TYPE

- ☐ Veneer IPS EMAX
- ☐ Veneer IPS e.max with cutback
- ☐ Full Zirconia Crown ☐ HT Full Zirconia Crown
- ☐ Full zirconia bridge
- ☐ Zirconia coping with build porcelain
- ☐ Zirconia coping bridge with build porcelain
- ☐ Zirconia Cutback
- ☐ Zirconia Cutback bridge
- ☐ IPS e.max crown
- ☐ IPS e.max crown with cutback
- ☐ IPS e.max inlay/inlay
- ☐ IPS e.max bridge
- ☐ PFM
- ☐ FullCast (all metal units)
- ☐ Non-precious
- ☐ Noble (semi-precious)
- ☐ High SP Noble White (precious)
- ☐ High SP Nobel Yellow (precious)
- ☐ Metal Try-in
- ☐ Zirconia Try-in

Other Processes

- ☐ Diagnostic Waxup ☐ Print Model
- ☐ Temporaries ☐ Night Guard

Case Design

Surface Texture

- ☐ Heavy
- ☐ Moderate
- ☐ Smooth
- ☐ Incisal wrap
- ☐ Placement Wrap

Buccal Margin Design

- ☐ Supported Margin
- ☐ Porcelain Butt Margin

☐ Complete diastema closure

Occlusion

- ☐ 0.00mm
- ☐ 0.25mm out
- ☐ 0.50mm out
- ☐ 1.00mm out

If No Occlusal Clearance

- ☐ Call Dr.
- ☐ Spot Prep
- ☐ Spot Opposing
- ☐ Metal Occlusal
- ☐ Zirconia Occlusal

Make This My Preference
☐ Yes ☐ No

Metal Design

- ☐ Coping with Full Porcelain Coverage
- ☐ Meal Coping With Porcelain Coverage
- ☐ Coping 360 Collar 0.5mm
- ☐ Metal Occlusal Excluding Buccal Cusp
- ☐ Metal Occlusal Including Buccal Cusp
- ☐ Metal Lingual

Pontic Design



SHADE SPECIFICATION

Current Shade: _____

Stump Shade: _____

Shade Requested: _____

- ☐ Polychromatic (Cervical, Body, Incisal shading)
- ☐ Monochromatic (Body shading only)

GINGIVAL THRID SHADE: _____

INCISAL THIRD SHADE: _____

Occlusal Stain:

☐ None ☐ Light ☐ Medium ☐ Dark

Additional Services:

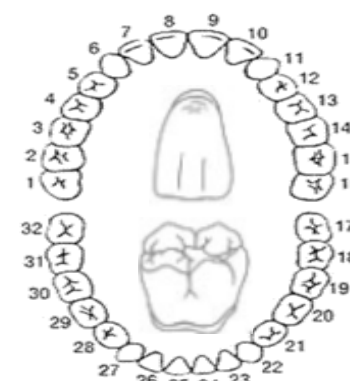
- ☐ 2D Digital Preview \$20 additional charge
- ☐ Bisque preview \$20 additional charge
- Photos Enclosed ☐ YES ☐ NO

Please Send More

- ☐ RX's ☐ Lab Boxes ☐ Shipping Labels
- ☐ Call me discuss case

TERMS: Customer agrees to company policy as stated on the back of this RX

Please Indicate



Incisal Edge Specifications:

Central Incisors ☐ Square ☐ Round

Lateral Incisors ☐ Square ☐ Round

Cuspids ☐ Square ☐ Round ☐ Flat ☐ Pointed

Bicuspids ☐ Square ☐ Round ☐ Flat ☐ Pointed

SPECIFIC INSTRUCTIONS:

For Lab use only
Date Received:
Pan#:
CN#:

CUSTOMER AGREEMENT

This Customer Agreement ("Agreement") is made as of the date set forth on the reverse hereof and by and between OB Dental Lab ("Company") and the customer set forth on the reverse hereof ("Customer"). The Company and the Customer do hereby agree as follows:

Payment Terms. Full payment, as set forth on the Company's current price sheet for all products, work, services or shipments requested by the Customer pursuant to each order placed by the Customer shall be due no later than the 30th day after the date of the statement date (the "Due Date") (i.e., on a Net 30 basis), regardless of when actually received by Customer. Any remaining, unpaid balances existing past the Due Date shall be considered past due.

Past Due Amounts. On any past due balances, Customer agrees to pay a late monthly charge equal to two percent (2%) of any such balance. This late charge will accrue on a pro-rata basis during each 30 day period starting on the Due Date and continuing until the unpaid past due balance is paid in full. No late charges shall accrue during the first thirty (30) days from the date of the statement (net 30 days). Unless elected otherwise by the Company, any promotional discounts will be void if the invoice total is not paid when due; and any and all future shipments to the Customer shall be on a C.O.D. basis only, as to the entire outstanding balance, until the Customer's entire outstanding balance and any late charges are paid in full.

REMAKES

Due to increases in materials and labor we are forced to charge for remakes. We can not absorb the cost of any remake that is the result of an inaccurate or destroyed model. If a patient changes their mind during or after production of any case, you will incur the cost of any and all changes. Once a case has been completed, any changes made will be regarded as a new case.

A frame is only as good as the model that it was made on. It is the only guideline we have, therefore if the model is an accurate representation of the patient's mouth then the frame will fit exactly same way in the mouth as on the model. If the model, however, is not accurate, then the frame will fit the model but not the patient's mouth. We will only be held responsible for the fit of the frame on the model that it was made on.

OB Dental Lab will absorb the cost of single unit remakes that failed within one year of the invoice date. When the clients trim their own dies and the crown is short, OB Dental Lab will not absorb the cost.

For cases involving multiple units the policy gets more involved

1. Obvious lab failure. NO CHARGE.
2. Obvious client failure. FULL CHARGE.
3. If no obvious cause is found for the inaccurate seating of a restoration there will be a charge of ½ the total cost to make the restoration.