

Dr. _____ Date: / /

Address _____

City _____ State _____ Zip _____

Phone: () - _____ Fax: () - _____

Patient Name (Last) _____
 (First) _____

Sex: Female Male Age _____

Due date: _____

MANDATORY INFORMATION

Please provide us with the following items for better results

Photo Info <input type="radio"/> Pre-op / Provisional <input type="radio"/> Dental close-up <input type="radio"/> Smile with lips <input type="radio"/> Profile smile <input type="radio"/> Facial with smile	Study Case <input type="radio"/> Original <input type="radio"/> Provisional
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LAB USE ONLY

Notes: _____

ALL CERAMIC RESTORATIONS

Veneer # _____

Full Porcelain Jacket # _____

e.max teeth # _____

PFZ teeth # _____

WAX UP

Diagnostic teeth # _____

Mock up teeth # _____

TEMP

Temporary # _____

IMPLANTS

Implant type / Brand: _____

Screw retained Hybrid bar

Cement retained Custom abutment

Treatment cost evaluation Surgical Stent

PORCELAIN FUSED TO METAL

Single castings Bisque Bake One piece casting Finish

Teeth # _____

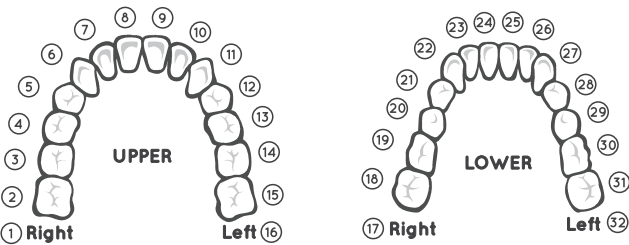
Facial Collar Yes No No lingual collar

Porcelain butt margin Teeth # _____


LVI

LVI Smile Catalog # _____

SPECIAL INSTRUCTIONS



COLOR & LENGTH INFORMATION

Shade: 

Higher Value

Regular Shade

Translucent

Stump Shade (for all ceramic restorations) _____

Final Shade: _____

LENGTH OF CENTRALS

Original #8 → Final #8 _____

#9 → #9 _____

Doctor Signature: _____

Veneer**BUSINESS DAYS**

1-3 Units
4+ Units

7-10
7-10

PFM**BUSINESS DAYS**

1-3 Units
4+ Units

7-10
7-10

PFZ**BUSINESS DAYS**

1-3 Units
4+ Units

7-10
7-10

E.MAX**BUSINESS DAYS**

1-3 Units
4+ Units

7-10
7-10

Any unique shade please E-mail picture with shade guide to PHOTOS@CREODENTAL.COM

Remember that deliveries are made by 5PM. Please do not schedule patient for the same day. Working times DO NOT include shipping days, weekends or Holidays. Time of pickup and delivery may affect turnaround time. Fill-out Rx completely with Patient Name, Return Date and Shade. Enclose a bite and counter model. Please sign your RX. All rush cases must be prescheduled by calling 212-302-3860 or 888-803-4242 before the case is shipped. We honor MASTERCARD and VISA.

TERMS: FULL PAYMENT IS DUE UPON RECEIPT OF STATEMENT. THERE WILL BE A 2% PER MONTH SERVICE CHARGE FOR ANY PAYMENT OR PORTION THEREOF NOT RECEIVED WITH THE SAID 30 DAYS UNTIL PAYMENT IS RECEIVED IN FULL. YOUR SIGNATURE IS ACCEPTANCE OF THESE TERMS. EACH PRESCRIPTION MUST BE COMPLETED AND SIGNED. DOCTOR WILL BE RESPONSIBLE FOR COSTS RELATED TO THE RECOVER OF BALANCES OWED IN CASE OF COLLECTION, TO INCLUDE LEGAL FEES.

LIMITED WARRANTY/LIMITATION OF LIABILITY, CreoDent Prosthetics ("the laboratory") warrants that all dental devices or device are made according to your specification and approval in the belief that a device will be useful and MAKES NO OTHER WARRANTIES INCLUDING, BUT NOT LIMITED TO, ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. Subject to the return of a device that is placed and then fails, the lab will repair or replace a device without charge for the cost of materials and workmanship or refund the original price paid, at the lab's option, as follows: (1) porcelain to metal, all porcelain, all metal, single-unit inlay, onlay and crown composite resin final prosthetics (excluding mutually opposing implant-supported full arch bridges), milled implant bars, and screw-retained titanium or zirconia abutments (excluding abutments with angulations greater than 20 degrees), up to one year; (2) composite resin bridges (excluding Maryland and inlay/onlay bridges) up to one year; (3) Crowns and Bridges up to one year; (4) removable appliances including screw retained dentures but excluding thermoformed appliances, immediate dentures, immediate flexible nylon partials, and acrylic flippers, up to one year if the failure is due to defects in materials or workmanship; (5) thermoformed appliance if the failure is due to defects in materials or workmanship, provisionals, composite resin Maryland and inlay/onlay bridges up to six months; (6) immediate dentures, immediate flexible nylon partials, acrylic flippers, retainers, surgical and radiographic guides, and all other dental devices up to 30 days if the failure is due to defects in materials or workmanship; (7) to ensure best possible quality on all restorations, impressions provided must be pristine, if not new impressions will be requested and can delay the requested time of restoration(s). You agree to pay all other costs of adjustment, repair and replacement of a device. Except where prohibited by law, the lab WILL NOT BE LIABLE FOR ANY LOSS OR DAMAGES ARISING FROM THE USE OF A DEVICE, WHETHER DIRECT, INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL, regardless of the theory asserted, including warranty, contract, negligence or strict liability and if such disclaimer is not permitted by law, the duration of any implied warranty is limited to 90 days from the date of delivery. In the event of a dispute and absent an amicable resolution the parties agree to waive class actions in favor of mandatory individual arbitration of claims under this limited warranty in and in accordance with the laws of New York. The lab does not guarantee the performance of independent carriers.