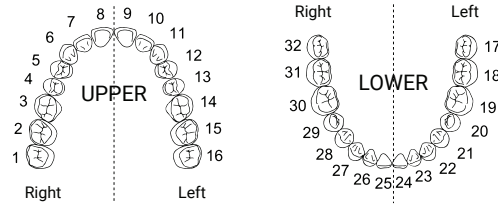


Dr. (PLEASE PRINT CLEARLY) _____

Phone() _____

Patient(Last) _____ (First) _____



Restoration Type

- Single
- Bridge

Restoration Material

- E.Max
- Full Zirconia
- PFM (Porcelain Fused To Metal)
- PFZ (Porcelain Fused To Zirconia)

PMF Design

- All Porcelain coverage
- Metal Coping with Porcelain coverage*
- Metal Occlusal excluding Buccal CUSP
- Metal Occlusal including Buccal CUSP

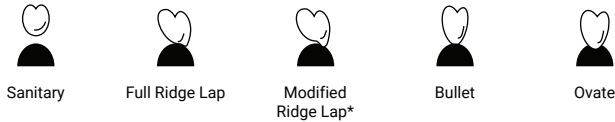
PFM Fused to

- Non-Precious
- Semi-Precious
- White High Noble
- Yellow High Noble

Margin Type

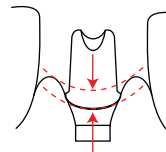
- Sub
- EQ
- Supra _____mm

Pontic Design



Abutment Margin Depth

*Shoulder Width: _____mm



Shade Instructions

Desire shade: _____
 Stump shade: _____

Indicate the types of characterizations desired:



LVI Smile Catalog Number: _____

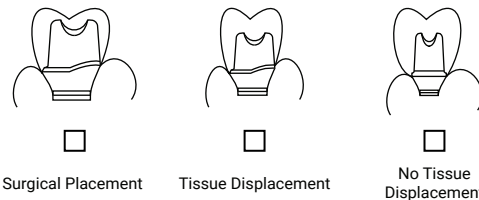
Occlusal Staining

- None
- Light
- Medium
- Dark

If no occlusal clearance

- Reduction Coping
- Metal Occlusion
- Spot Opposing

Abutment Emergence Profile



SPECIFIC INSTRUCTIONS

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

D.D.S. License #: _____ Date Due In Office _____

Signature: _____

Please send the following

- RX forms
- Boxes
- Mailing Labels
- Bags

LAB USE ONLY

Special enclosures

Photo (s) _____ Models _____
 Shade Tab _____ Bite _____
 Analog _____ Impression _____
 Implant Parts _____ Other _____

<u>Porcelain Fused To Metal</u>	<u>BUSINESS DAYS</u>
PFM Single/ Bridge up 1-4 Units	7
PFM Single/Bridge 5+ Units	8
Metal Try-in, 1-4 Units	4
Apply Porcelain & Finish, 1-4 Units	4
Metal Try-in, 5+ Units	5
Note: 5+ Units MUST do Try-in	
Apply Porcelain & Finish, 5+ Units	6
Note: After Metal Try-in	
<u>All Metal</u>	<u>BUSINESS DAYS</u>
Full Cast Crown/Bridge	5
Full Cast Inlay/Onlay	5
<u>All Ceramic</u>	<u>BUSINESS DAYS</u>
PFZ Crown	7
Full Contour Zirconia	5
E.max® Inlay/Onlay/Crown	7
E.max® Laminate, 1-3 Units	7
E.max® Laminate, 4+ Units	7+
CreoZ	10
CreoIP	10

NOTE: Zirconia products such as Procera, Lava and Cercon will be converted to Porcelain Fused to Zirconia for better design and results

<u>CAD/CAM Abutments for Implants</u>	<u>BUSINESS DAYS</u>
1-3 Solidex® Titanium Abutments	5
4-7 Solidex® Titanium Abutments	7
8+ Solidex® Titanium Abutments	10
1-3 Solidex® Zirconia Abutments*	5
4-7 Solidex® Zirconia Abutments*	7
8+ Solidex® Zirconia Abutments*	10
*FABRICATION OF RESTORATIONS MAY REQUIRE ADDITIONAL TIME	
<u>Implant Services</u>	<u>BUSINESS DAYS</u>
Single Unit	10
Multiple Units	10+

<u>Partials & Dentures</u>	<u>BUSINESS DAYS</u>
Full Denture Set-up	5
P/D Framework with Bite	10
P/D Set-up	5
P/D Framework with Attachment	10+
Full Denture Finish	5
Partial Denture Finish	5
Flexi Finish	10
Digital Denture Set-up	6
Digital Denture Finish	4
Milled Bars	10
<u>Removables/Services</u>	<u>BUSINESS DAYS</u>
Flipper, 1-3 Units	3
Flipper, 4+ Units	4
Night Guard, Soft or Hard	3
Digital Night Guard	5
Bite Rims	2
Custom Tray - Partial/	2
Denture Bleaching Tray	2
Night-Guard/ Sports Guard	5
Diagnostic Wax-up	7
Temporaries	5
Essix Retainer	5

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, VISA, AMEX, and DISCOVER.

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 WITHIN 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 RECOVERY OF BALANCES OWED IN CASE OF COLLECTION, TO INCLUDE LEGAL FEES.

LIMITED WARRANTY/LIMITATION OF LIABILITY FOR DENTAL LABORATORY SERVICES, CREODENT Milling Center ("CREODENT") provides dental laboratory services ("devices") and guarantees your complete satisfaction with the workmanship and materials of the device you purchased. If, for any reason, the device is not acceptable at the time of receipt or at the time of insertion, we shall adjust, repair or replace the device at no charge. Simply return the device together with an explanation of the problem and your request for a device adjustment, repair or replacement. This device warranty does not apply to the sales to dental laboratories.

- Cosmetic porcelain/resin restorations, alloy restorations, all metal, single unit inlay, onlay and crown composite resin final prosthetics (excluding mutually opposing implant supported full arch bridges), and screw retained zirconia abutments with titanium interface – up to 5 years
- Dentures and partials including screw-retained dentures but excluding immediate and provisional dentures manufactured by the lab – up to 1 year if the failure is due to defects in the material or workmanship.
- Composite resin bridges (excluding Maryland and inlay/onlay bridges) – up to 6 months
- Thermoformed appliances, provisionals, composite Maryland bridges, PMMA, nightguards and splints if the failure is due to defects in the materials or workmanship – up to 60 days
- Screw-retained titanium abutments (excluding abutments with angulation greater than 20 degrees) and milled implant bars – up to 10 years (if failure is caused by the failure of the dental implant abutment, a replacement of the implant abutment will be provided upon request as long as the clinician both meets the eligibility criteria and follows the claim procedures.)
- Immediate and provisional dentures, partials, flippers, retainers, surgical radiographic guides, and all other dental devices manufactured by the lab – up to 30 days if the failure is due to defects in the materials or workmanship.
- Digital Nightguards – up to 30 days, with 1 free replacement for any reason, including loss (if we can use your same digital information); after 30 days, we will replace it for 40% off (if we can use your same digital information; if not, it will be full price)
- Orthodontic, sleep and splint devices – up to 90 days

Device Warranties do not include nor apply to cash refunds, temporary replacements, costs incurred for removal or reinsertion, costs incurred by another laboratory, devices that have been previously repaired or altered from new, device damage or ill-fit due to accident, neglect or abuse, supporting bone, tooth or tissue failure, dental changes or improper oral hygiene.

To validate the Device Warranty, the following conditions must be met:

1. Original restoration alloy must be returned to the originating laboratory along with a new completed work authorization.
2. The original work authorization, or evidence of original purchase, must be included along with a new completed work authorization and the device.

This warranty is in lieu of all other warranties either expressed or implied and may not be modified by any agent, employee or representative of the laboratory.