

# Fixed & Removable RX



**DENTAL LABORATORIES**

2700 S. Memorial Pkwy P.O. Box 413 Huntsville, AL 35801 (800) 354-2075  
9040 Airport Blvd. P.O. Box 850035 Mobile, AL 36608 (800) 327-4047

[www.oralartsdental.com](http://www.oralartsdental.com)

Dr. Name \_\_\_\_\_ Dr. Phone # \_\_\_\_\_ Dr. Account # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Date Written \_\_\_\_\_ Patient \_\_\_\_\_  Male  Female

**Enclosed #** \_\_\_\_\_ Model \_\_\_\_\_  
 \_\_\_\_\_ Shade Tab \_\_\_\_\_ Impression \_\_\_\_\_  
 \_\_\_\_\_ Articulator \_\_\_\_\_ Bite \_\_\_\_\_  
 \_\_\_\_\_ Crown \_\_\_\_\_ Photos \_\_\_\_\_  
 Other: \_\_\_\_\_

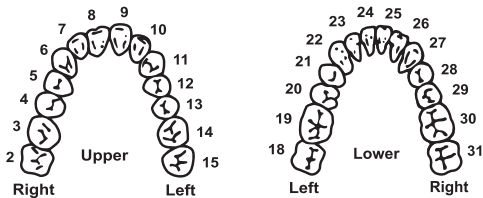
**Patient's Follow-up Date** \_\_\_\_\_

Rush dates not guaranteed without prior approval.

Patient not yet scheduled

**Please Send:**

- Study Model for Anterior Cases
- Stump Shade for All-Ceramic/Ultra-Z Esthetic



**Dr. Signature** \_\_\_\_\_

**License #** \_\_\_\_\_

<p><b>If No Occlusal Clearance:</b></p> <p><input type="checkbox"/> Adjust Opposing    <input type="checkbox"/> Phone Call</p> <p><input type="checkbox"/> Reduction Coping    <input type="checkbox"/> Make this permanent preference</p>	<p><b>Dentures/ Flexible Partial</b></p> <p><input type="checkbox"/> Conventional Denture</p> <p><input type="checkbox"/> TrueFIT 3D Printed Denture</p> <p><input type="checkbox"/> DuraFlex Partial</p> <p><input type="checkbox"/> DuraFlex/ Metal Combo</p> <p><input type="checkbox"/> Custom Tray</p> <p><input type="checkbox"/> IvoBase Premium Injection Denture</p> <p><input type="checkbox"/> Flipper/Acrylic Partial</p> <p><input type="checkbox"/> TCS Unbreakable Partial</p> <p><input type="checkbox"/> TCS Unbreakable/Metal Combo</p> <p><input type="checkbox"/> Bite Rim    <input type="checkbox"/> Try-in Setup</p> <p><input type="checkbox"/> Name in Appliance</p>	<p><b>QC Stamp:</b></p>	<p style="text-align: center;"><input type="checkbox"/> <b>Check Here For</b></p> <p style="text-align: center;"> <b>SELECT</b> Exclusive Esthetic Restorations</p>
<p><b>Shade Instructions:</b> Shade _____</p> <p style="text-align: center;">Stump Shade _____</p> <p>Occlusal Staining: __ None __ Light __ Medium __ Dark</p>	<p><b>Acrylic</b></p> <p><input type="checkbox"/> Light    <input type="checkbox"/> Original</p> <p><input type="checkbox"/> Dark    <input type="checkbox"/> Ethnic</p>	<p><b>Zirconia/Ceramic Crowns/Provisionals</b></p> <p><input type="checkbox"/> Element-Z Zirconia    <input type="checkbox"/> Snap-On Smile</p> <p><input type="checkbox"/> Ultra-Z Zirconia    <input type="checkbox"/> BioLogic Hybrid</p> <p><input type="checkbox"/> Element-Z Lingual    <input type="checkbox"/> IPS e.Max</p> <p><input type="checkbox"/> Forte YZr – Porc. to Zr    <input type="checkbox"/> Element-Z Screw Retained Hybrid</p> <p><input type="checkbox"/> CAD/CAM Oral Temp</p>	<p><b>Indicate Implant System</b></p> <p>_____</p> <p><input type="checkbox"/> Screw-Retained</p> <p><input type="checkbox"/> Cement-Retained</p>
<p><b>Pontics (circle preference)</b></p> <p><input type="checkbox"/> No Contact    <input type="checkbox"/> Modified Ridge</p> <p><input type="checkbox"/> Full Ridge    <input type="checkbox"/> Point Contact</p>	<p><b>Full-Cast Crowns</b></p> <p><input type="checkbox"/> Base Metal</p> <p><input type="checkbox"/> Argenco Y+ Yellow Noble</p> <p><input type="checkbox"/> Yellow Noble</p> <p><input type="checkbox"/> White Noble</p> <p><input type="checkbox"/> White High Noble</p> <p><input type="checkbox"/> Yellow High Noble</p>	<p><b>Teeth</b></p> <p><input type="checkbox"/> Premium Teeth</p> <p><input type="checkbox"/> EconomyTeeth</p>	<p><b>Implant Crown Emergence Profile</b></p> <p><input type="checkbox"/> Minimal Displacement*</p> <p><input type="checkbox"/> Natural Emergence</p> <p style="text-align: center;"><b>Impingement</b></p> <p><input type="checkbox"/> _____ mm buccal</p> <p><input type="checkbox"/> _____ mm mesial</p> <p><input type="checkbox"/> _____ mm distal</p> <p><input type="checkbox"/> _____ mm lingual</p> <p><input type="checkbox"/> Ridge lap to match adjacent contour</p> <p style="text-align: right;">*Default</p>
<p><b>Margin &amp; Metal Design</b></p> <p><input type="checkbox"/> Porcelain Butt Margin</p>	<p><b>PFM Crowns</b></p> <p><input type="checkbox"/> Base Metal</p> <p><input type="checkbox"/> Noble</p> <p><input type="checkbox"/> White High Noble</p> <p><input type="checkbox"/> Yellow High Noble</p>	<p><b>Premium Cast Partial</b></p> <p><input type="checkbox"/> Frame Try-In</p> <p><input type="checkbox"/> Frame with Setup</p> <p><input type="checkbox"/> Frame with Bite Rim</p> <p><input type="checkbox"/> Process/ Finish</p>	<p><b>Implant Abutment</b></p> <p><input type="checkbox"/> OAL Custom Zirconia Abutment w/ Ti Insert</p> <p><input type="checkbox"/> OAL Custom Titanium Abutment</p> <p><input type="checkbox"/> OAL Custom Gold Hue Abutment</p> <p><input type="checkbox"/> Prep Stock Abutment</p>
<p><b>Sleep Apnea &amp; Ortho Devices</b></p> <p><input type="checkbox"/> dreamTAP    <input type="checkbox"/> QuietNite    <input type="checkbox"/> SomnoDent</p> <p><input type="checkbox"/> EMA    <input type="checkbox"/> myTAP</p>			<p><b>Custom Abutment Emergence Profile</b></p> <p><input type="checkbox"/> Surgical Placement    <input type="checkbox"/> Tissue Displacement</p> <p><input type="checkbox"/> Minimal Displacement*    *Default</p>
<p><b>Night Guards/Bite Splints/Mouthguards</b></p> <p><input type="checkbox"/> AstronCLEAR    <input type="checkbox"/> Comfort HS    <input type="checkbox"/> Soft EVA</p> <p><input type="checkbox"/> AstronCOLOR    <input type="checkbox"/> Day Guard    <input type="checkbox"/> TrueSplint 3D</p> <p><input type="checkbox"/> BiteSoft Ant.Splint    <input type="checkbox"/> Gelb Splint    <input type="checkbox"/> Variflex HS</p> <p><input type="checkbox"/> Comfort HS Color    <input type="checkbox"/> IvoBase Clear Injected Splint</p> <p style="text-align: center;"><i>Specify Colors on RX</i></p>			<p><b>Custom Abutment Margin Depth</b></p> <p style="text-align: center;">- Below Tissue, + Above Tissue</p> <p style="text-align: center;">*Default</p> <p style="text-align: center;">_____ mm Lingual (0 mm*)</p> <p>_____ mm Mesial (-0.5 mm*)    _____ mm Distal (-0.5 mm*)</p> <p style="text-align: center;">_____ mm Buccal (-1 mm*)</p>

The statement balance is due and payable by the fifteenth of the month following purchase. A service charge of 1.5% per month (annual rate of 18%) will be applied to any unpaid balance. Accounts with outstanding balances over 45 days will be subject to COD status. If you have any questions please contact Kathy Henley at [kathy.henley@oralartsdental.com](mailto:kathy.henley@oralartsdental.com). Any case inquiries, questions, or concerns should be directed to [info@oralartsdental.com](mailto:info@oralartsdental.com)

# In-Lab Turnaround

5-day turnaround on most restorations up to ten units! (Except Oral Arts Select...See Schedule)

## Crown & Bridge

Element-Z, Ultra-Z Esthetic, or e.Max.....	5 Days
1-10 Units PFM .....	5 Days
11 or more Units .....	7 Days
Full Cast .....	3 Days
Lava or Forte YZr .....	5 Days
Custom Titanium or Zirconia Abutment only.....	5 Days
Custom Ti or Zr Abutment with Crown .....	10 Days
Select 1-12 Units .....	10 Days
Select Larger Cases .....	Call for schedule

## Crown & Bridge Rush Charges

24 Hour, In House .....	100.00 per unit
48 Hour, In House .....	75.00 per unit
72 Hour, In House .....	50.00 per unit

## Select™ Rush Charges

8 Days, In House .....	50.00 per unit
7 Days, In House .....	75.00 per unit
6 Days, In House .....	100.00 per unit

Anything less than 6 days *cannot* be done.

## Cast Partial

Cast Framework .....	5 Days
Set-Up for Try-In .....	3 Days
Process and Finish .....	3 Days
Set-Up, Process and Finish .....	5 Days
Bite Rim .....	2 Days

## Flexible Partial

Set-Up for Try-In .....	4 Days
Process and Finish .....	3 Days
Set-Up, Process and Finish .....	6 Days

## Cu-Sil® Partial

Set-Up for Try-In .....	4 Days
Process and Finish .....	6 Days
Re-shoot Cu-Sil and Reline .....	6 Days

## Dentures

Set-Up for Try-In .....	3 Days
Process and Finish .....	3 Days
Set-Up, Process and Finish .....	5 Days
Bite-Rims, Trays and Reline .....	2 Days

## Orthodontics

Ortho Appliances .....	2-7 Days
------------------------	----------

## Splints & Mouthguards

IvoBase Clear Injection Splint .....	5 Days
Comfort H/S .....	5 Days
AstronCLEAR/AstronCOLOR.....	5 Days
Processed Acrylic Splint .....	5 Days

## Sleep Apnea Devices

Myerson EMA .....	5 Days
DreamTAP.....	5 Days

## Removable & Ortho Rush Charge

Rush beyond normal time schedule .. 50.00 per case

**Working days do not include pick-up, delivery or mail days.**

## Payment Terms

The statement balance is due and payable by the fifteenth of the month following purchase. A service charge of 1.5% per month (annual rate of 18%) will be applied to any unpaid balance accounts with outstanding balances over 45 days will be subject to C.O.D. status. If you have any questions please contact Kathy Henley at [kathy.henley@oralartsdental.com](mailto:kathy.henley@oralartsdental.com)

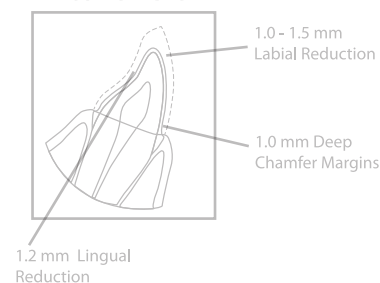
## Limited Warranty/Limitation of Liability

Limited Warranty/Limitation of Liability: Oral Arts Laboratories ("the lab") warrants that all dental devices (a "device") are made according to your specification and approval in the belief that the 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. This Limited Warranty and Limitation of Liability ("Agreement") will be extended with the presentation of a verified proof-of-purchase, which includes an original invoice number/date, patient's name and the original model. This limited warranty extends only to the original purchaser of a device and does not extend to patients or other individuals and/or entities to whom the device(s) is/are sold, implanted, inserted or delivered. Subject to the return of a device that is placed and then fails due to defects in materials or workmanship, the lab will repair or remake the device without charge or for a partial charge based on original invoice price, at the lab's option, as follows:

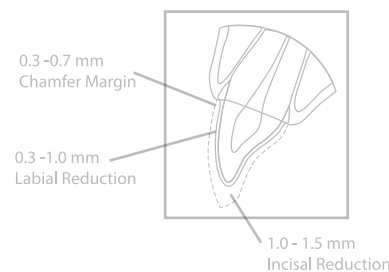
(1) porcelain to metal restorations, metal free restorations, all metal restorations, single-unit inlays, onlays, and screw-retained titanium or zirconia abutments (excluding abutments with angulations greater than 20 degrees), up to seven years; (2) dentures and partials but excluding immediate dentures, up to one year; (3) Removable and fixed orthodontic appliances, thermoformed appliances, acrylic temporaries, acetyl resin appliances, immediate dentures, flippers, surgical and radiographic guides, and all other dental devices for up to 30 days. Splints up to 6 months, TrueSplint 3D Printed Splint up to 30 days. Sleep apnea devices are covered up to 1 year, SomnoDent appliances are not covered by warranty. (4) Flexible partials up to 6 months only if 5mm or more of Vertical Dimension of Occlusion exists. (5) Screw-Retained Acrylic Hybrid, Zirconia Hybrid, and BioLogic Hybrid will be remade at no charge due to poor fit only if the prosthesis does not fit the model and the model has been returned with the prosthesis for remake. Lab is not liable for all other costs of adjustment, repair and replacement of device. If the prosthesis breaks during the delivery appointment and the lab's screw-retained hybrid protocol for verification jig was not followed, warranty is voided. Screw-Retained Acrylic Hybrid up to 30 days for failure of acrylic or denture teeth, titanium bar against breakage up to 5 years. Zirconia Hybrid against breakage of Zirconia up to 5 years. Crystal Ultra Hybrid warranty for up to 5 years. And then please add the back side of the RX to the PDF page and the downloadable RX page at the top of the website. BioLogic Hybrid internal bar structure failure up to 3 years, individual crowns up to 7 years, composite gingival up to 1 year. This warranty does not apply if the models were not verified using an intra orally luted verification jig. 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. The lab does not guarantee the performance of independent carriers. Oral Arts will only accept returns of implant parts on un-opened packages with the product in its original condition. The parties to this Agreement mutually agree to waive any and all class actions in favor of mandatory individual arbitration of all claims arising out of, or related to, this Agreement. Any controversy or claim arising out of, or relating to, this Agreement, or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association. The place of the arbitration shall be Huntsville, Alabama and Alabama state law shall apply. (Updated: 8-6-21)

## All Ceramic Tooth Prep

### Anterior Crown



### Veneer



### Posterior Crown

