

RX DATE \_\_\_\_\_ DUE DATE \_\_\_\_\_  BY 5:00 P.M.

Please call to schedule combination and implant cases.

**RECORDS:** 3 working days **SET-UP:** 4 working days **FINISH:** 6 working days **FRAMEWORK:** 6 working days  
 Additional working days may be required during peak demand periods.

DR. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

BEST TIME TO CALL \_\_\_\_\_ SEX:  M  F APPROXIMATE AGE: \_\_\_\_\_

**NEXT APPOINTMENT REQUIREMENTS**

- Evaluation/Case Planning
- Framework Design
- Framework Try-In
- Additional Try-In
- Records
- Wax Try-In
- Finish
- Design/Estimate

**TYPE OF RESTORATION**

- Esthetic Rendition Full Denture
- Esthetic Rendition Partial Denture - Vitallium 2000 Plus
- Esthetic Rendition Valplast Flexible Partial Denture
- Esthetic Rendition Removable Implant Prosthesis

**HAVE YOU INCLUDED THE FOLLOWING?**

- Impression
- Bite
- Opposing
- Face Bow
- Pre-op Study Model
- Shade
- Photos - Frontal/Lateral
- Patient Questionnaire

PLEASE NOTE: *Creating a successful Esthetic Rendition denture requires a complete and accurate prescription, in addition to accurate impressions and bite registrations. Please do not skip this step. Also, items that are especially helpful include pre-op study models, close-up front view and lateral view photos (patient standing), and a completed patient questionnaire (if applicable).*

**INSTRUCTIONS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

See reverse for additional instructions

**PLEASE SEND:**

- Esthetic Rendition RX's
- Complete Service RX's
- Boxes
- Airbills
- Bags

SIGNATURE OF DENTIST \_\_\_\_\_

DENTIST LICENSE # \_\_\_\_\_

**RECORDS**

**CUSTOM TRAY**

- Standard
- Perforated

**BASEPLATE**

- Triad (Standard)
- Unibase (Ivocap)

**BASEPLATE LENGTH (lower)**

- Full Length of Impression
- Myostatic Outline

**BITE REGISTRATION**

- Occlusal Rims
- Intra-Oral Tracer w/ECB
- Neutral Zone Bite Rim

**SPECIFICATIONS FOR OCCLUSAL RIM OR ECB**

- Alameter \_\_\_\_\_ mm
- Papillameter \_\_\_\_\_ mm

**ARTICULATOR PREFERENCE**

(magnetic mounting rings will be used unless otherwise specified)

- Stratos (standard)
- Panadent
- Denar
- Other \_\_\_\_\_
- Facebow Registration Provided

**WAX TRY-IN**

**SHADE**

- MOULD \_\_\_\_\_
- Copy Study Model
- Technician to Select

**FACIAL SHAPE**

- Square
- Tapering
- Ovoid

**TEETH - BRAND PREFERENCE**

- Heraeus Premium
- Ivoclar BlueLine
- Geneva
- Trubyte Bioblend
- Trubyte Portrait IPN
- Other \_\_\_\_\_

**ANTERIOR ARRANGEMENT**



**STRAIGHT** - Slight elevations, no rotation (Hollywood smile)



**LIGHTLY CHARACTERIZED** - Slight elevations, some rotation



**VIGOROUSLY CHARACTERIZED** - moderate elevations, moderate rotation & lapping

**ANTERIOR ARRANGEMENT FOR IMMEDIATE DENTURE**

- Copy existing (standard)
- Copy existing except:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Ignore existing and use anterior arrangement prescribed above

**OCCLUSAL SCHEME**

- Balanced, Anatomical (standard)
- Non-Anatomical (flatplane)
- Lingualized
- Cusped upper against flat lower
- Copy study models
- Other \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ADDITIONAL TRY-IN**

Helpful for doctor to provide front and side-view photos of current try-in in place. Changes needed from original setup and/or wax-up:

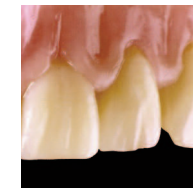
\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WAX-UP**

(The try-in wax-up should be an exact representation of the finished product)



Wax-up for a youthful appearance



Wax-up for an older-age appearance

**PROCESS, FINISH**

- Ivocap (standard)
- Ivocap, Ethnic
- Other \_\_\_\_\_

**CAST BASE OR STRENGTHENER**

- Maxillary cast base with acrylic post dam
- Maxillary cast base with metal post dam
- Maxillary mesh strengthener
- Mandibular cast base
- Massad "weighted" cast base / strengthener
- Mandibular strengthener bar

**SOFT LINER**

- Upper
- Lower

## ADDITIONAL INSTRUCTIONS:

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### OUR GUARANTEE

For a period of one full year, Dental Arts Laboratories, Inc. guarantees (1), the workmanship of new fixed restorations and (2), that all new fixed restorations will fit the master die or master model if adequate reduction of the prepared tooth was completed according to the manufacturer's recommendations. Failure due to de-bonding (adhesive bonding) is not considered to be the result of inferior workmanship. Failure due to accident, neglect, abuse, changes in tissue or bone structure or improper dental hygiene is not covered. This guarantee is extended to a period of five full years for accounts that are active and in good standing.

### WHAT DAL COVERS

DAL will refund, replace or repair defective restoration. All refunds are limited to the amount of the invoice. DAL reserves the right to determine if guarantee is applicable.

### WHAT DAL DOES NOT COVER

Cash refund for work completed. Cost for removal or reinsertion. Cost for incidental or consequential damages, including inconvenience, lost chairtime, transportation costs, lost wages, pain and suffering or loss of profits.

### PAYMENT TERMS

DAL will include an invoice with each case delivered to you. Each invoice is payable within thirty (30) days. You may pay by this invoice or by the monthly statement that will be sent to you following the last day of the month. Payment is due immediately upon receipt of the monthly statement. The customer agrees to pay each delinquent balance on a monthly service charge of 18% per annum (1½% per month) or the maximum permitted by law. The customer agrees to pay all reasonable attorney fees, collection costs and court costs incurred by DAL and any of its affiliates in enforcing any of these terms and conditions. The customer agrees to these terms and conditions as stated on each printed DAL statement, invoice and work authorization. DAL accepts personal checks, cashier's checks, Visa, Discover, MasterCard and American Express.

### BILLING QUESTIONS

For billing questions, please contact DAL at 1-800-322-2213.

#### ILLINOIS DENTAL PRACTICE REQUIREMENTS

Section 48(a) of the Illinois Dental Practice Act provides: "If the person, firm or corporation to construct or repair prosthetic appliance, to furnish a written work order on a form prescribed by Illinois Department of Registration and Education which shall contain: (1) Name and address of person, firm or corporation to which work order is directed. (2) Patient's name or identification number and, if number is used, patient's name must be written upon duplicate copy retained by dentist. (3) Date on which work order was written. (4) Description of work to be done, including diagrams if necessary. (5) Specification of type and quality of materials to be used. (6) Signature of dentist and number of his license. Dentist and Laboratory must retain their respective copies of work order for three (3) years for inspection at any reasonable time by the Department of Registration and Education or its duly authorized agents. Failure of dentist to comply on any given case is a misdemeanor, and license may be revoked or suspended. Failure of laboratory to comply is a misdemeanor.

Section 48(a)(3) of the Illinois Dental Practice Act provides: "If the person, firm or corporation receiving a written order from a licensed dentist engages another person, firm or corporation (hereinafter referred to as 'sub-contractor') to perform some of the services relative to such work order, he or it shall furnish a written sub-work with respect thereto on forms prescribed by the Department of Registration and Education which shall contain: (a) The name and address of the sub-contractor. (b) A number identifying the sub-work order with the original work order which number shall be endorsed on the work order received from the licensed dentist. (c) The date on which the sub-work order was written. (d) A description of the work to be done by the sub-contractor, including diagrams, if necessary. (e) A specification of the type and quality of materials to be used. (f) The signature of the person, firm or corporation issuing the sub-work order. The sub-contractor shall retain the sub-work order and the issuer thereof shall retain a duplicate copy attached to the work order received from the licensed dentist for inspection by the Department of Registration and Education or its duly authorized agents for a period of 3 years in both cases." Failure of Laboratories to comply is a misdemeanor.