



# Dental Arts • Lafayette

2501 State Street, Suite A, Lafayette, IN 47905-2253  
765.838.8283 • www.dentalartslab.com

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

STREET \_\_\_\_\_ SUITE \_\_\_\_\_

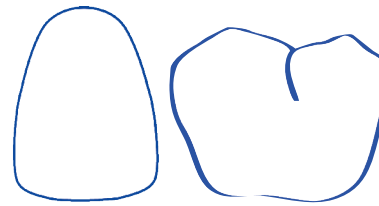
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ EMAIL \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ AGE: \_\_\_\_\_ SEX:  M  F

RETURN DATE BY 5 P.M. \_\_\_\_/\_\_\_\_/\_\_\_\_ PLEASE SEND:  BOXES  PRESCRIPTIONS  SHIPPING LABELS

<b>All Ceramics</b>	<input type="radio"/> <b>cubeONE</b> <input type="radio"/> Full Contour <input type="radio"/> Layered (PFZ) <input type="radio"/> <b>cubeONE ML Micro-layered</b> <input type="radio"/> Full Contour <input type="radio"/> <b>cubeX<sup>2</sup></b> <input type="radio"/> Full Contour <input type="radio"/> Layered (PFZ) <input type="radio"/> <b>BioZ<sup>XL</sup></b> <input type="radio"/> Full Contour <input type="radio"/> Layered (PFZ)	<input type="radio"/> <b>IPS e.max</b> <input type="radio"/> Full Contour <input type="radio"/> Layered <input type="radio"/> <b>BruXZir</b> <input type="radio"/> Full Contour <input type="radio"/> <b>DAL EZ</b> <input type="radio"/> Layered (PFZ) <input type="radio"/> <b>Enamic Nano-Ceramic</b> <input type="radio"/> Full Contour	
<b>Porcelain to Metal Restorations</b>	<input type="radio"/> <b>Base</b> (Non-Precious) (Nickel-Beryllium Free) <input type="radio"/> <b>Noble</b> (White Semi-Precious)	<input type="radio"/> <b>High Noble</b> (White Gold) <input type="radio"/> <b>High Noble</b> (Yellow Gold) <input type="radio"/> <b>Captek</b> (High Noble Yellow)	<input type="radio"/> <b>Porcelain Labial Margin</b> <input type="checkbox"/> 180° <input type="checkbox"/> 360° <input type="radio"/> <b>Metal Occlusal</b>
<b>All Metal Restorations Indirect Composites</b>	<input type="radio"/> <b>High Noble Yellow</b> (75%) <input type="radio"/> <b>High Noble Yellow</b> (60%) <input type="radio"/> <b>High Noble White</b> <input type="radio"/> <b>Base</b> (Nickel-Beryllium Free)	<input type="radio"/> <b>Noble SP-Y Yellow</b> <input type="radio"/> <b>Noble Yellow</b> (40%) <input type="radio"/> <b>Noble White</b>	<input type="radio"/> <b>Indirect Composite</b> <input type="radio"/> Inlay/Onlay <input type="radio"/> Inlay or Maryland Bridge
<b>Full Dentures</b>	<input type="radio"/> <b>DAL Premium Full Denture</b> <input type="radio"/> <b>Classic (Value) Full Denture</b> <input type="radio"/> <b>DAL Premium 3D Printed Denture</b>	<input type="radio"/> <b>Bite Rim</b> <input type="radio"/> <b>Custom Tray</b> <input type="radio"/> <b>Setup</b>	<input type="radio"/> <b>Process and Finish</b> <input type="radio"/> <b>Reline</b> <input type="radio"/> <b>Repair</b>
<b>Partial Dentures</b>	<input type="radio"/> <b>Chrome Cobalt (Metal)</b> <input type="radio"/> Conventional Frame <input type="radio"/> Equipoise Frame <input type="radio"/> Precision Attachment Frame	<input type="radio"/> <b>Flexible (Metal-Free)</b> <input type="radio"/> Valplast <input type="radio"/> DuraFlex <input type="radio"/> Combination w/Metal Frame	<input type="radio"/> <b>DAL Second Nature</b> <input type="radio"/> Clear <input type="radio"/> Tooth-Colored <input type="radio"/> <b>DAL Soft Gasket Partial</b>
<b>Temps/Bite Splints</b>	<input type="radio"/> <b>DAL Temps</b> <input type="radio"/> CAD/CAM Milled	<input type="radio"/> <b>DAL Bite Splints</b> <input type="radio"/> DAL Skinny Clear Hard <input type="radio"/> DAL Skinny Clear H/S <input type="radio"/> Deprogrammer Splint <input type="checkbox"/> Dawson B-Splint <input type="checkbox"/> Spear <input type="checkbox"/> Kois	<input type="radio"/> <b>Snoring/Sleep Appliances</b> <input type="radio"/> Myerson EMA <input type="radio"/> D-SAD <input type="radio"/> TAP 3 <input type="radio"/> dreamTAP <input type="radio"/> Sleep Herbst <input type="radio"/> Dorsal
<b>DAL Monodont Bridge</b>	<input type="radio"/> <b>DAL Monodont Bridge</b> <input type="radio"/> Acrylic Pontic <input type="radio"/> Layered Composite Pontic	<input type="radio"/> <b>DAL KeySplint Clear</b> <input type="radio"/> <b>DAL Comfort H/S</b>	<input type="radio"/> <b>Mouthguards</b> <input type="radio"/> ProForm Color _____
<b>Fixed &amp; Removable Implant</b>	<input type="radio"/> <b>Final Abutment Design</b> <input type="radio"/> Cement Crown w/Abutment <input type="radio"/> Screwmentable Two Piece <input type="radio"/> Screw-Retained One Piece <input type="radio"/> Authentic Parts? Yes <input type="radio"/> No <input type="radio"/> No	<input type="radio"/> <b>Fixed Implant Restoration</b> <input type="radio"/> cubeONE <input type="radio"/> IPS e.max <input type="radio"/> cubeONE ML <input type="radio"/> Noble PFM <input type="radio"/> cubeX <sup>2</sup> <input type="radio"/> Layered PFZ <input type="radio"/> BioZ <sup>XL</sup> <input type="radio"/> Monolithic	<input type="radio"/> <b>Removable Implant Restoration</b> <input type="radio"/> Overdenture/Bar <input type="radio"/> Fixed Bridge/All-On-4 <input type="radio"/> Spark Erosion <input type="radio"/> DAL BioHybrid Bridge



Send photos via our customer web portal!  
www.dentalartslab.com

SHADE: \_\_\_\_\_ PREP SHADE: \_\_\_\_\_  TAB ENCLOSED  
MOULD: \_\_\_\_\_

OCCLUSAL STAINING  NONE  LIGHT  MEDIUM  HEAVY  
OCCLUSION  LIGHT  IN  OUT

PONTIC DESIGN (please circle)

POSTERIOR DESIGN  
 FULL COVERAGE - NO LINGUAL COLLAR  
 FULL COVERAGE - SMALL LINGUAL COLLAR  
 METAL OCCLUSAL - EXCLUDING BUCCAL CUSP  
 FULL METAL OCCLUSAL - W/BUCCAL CUSP

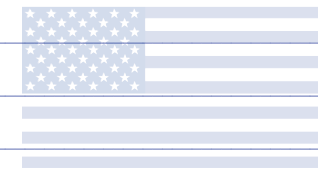
IF THERE IS INSUFFICIENT ROOM  
 REDUCE AND MARK PREP  FABRICATE REDUCTION COPING  
 REDUCE AND MARK OPPOSING  PLACE METAL ISLAND  CALL ME

ENCLOSURES  
 IMPRESSION  PRE-OP STUDY MODEL  TEMPS MODEL  
 BITE REGISTRATION  PHOTO  SHADE DIAGRAM

SELECT RESTORATION TYPE  CROWN  SPLINTED CROWN  BRIDGE  FULL ARCH BRIDGE  VENEER  INLAY/ONLAY  
SELECT PROCEDURE  DESIGN/ESTIMATE  CUSTOM SHADE: \_\_\_\_ IN-LAB \_\_\_\_ PHOTO  DIE-TRIM  BISQUE  COMPLETE

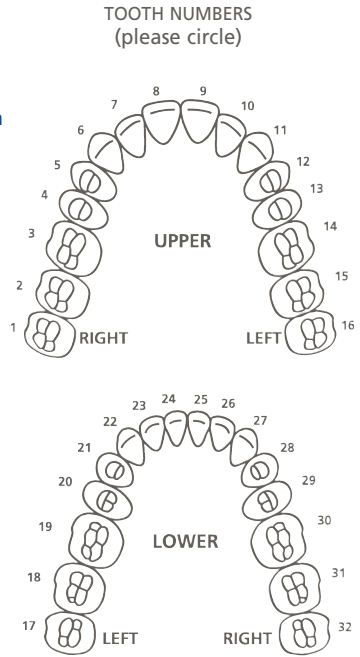
PLEASE CALL ME

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ALL RESTORATIONS FABRICATED IN THE USA

SIGNATURE OF DENTIST \_\_\_\_\_ DENTIST LICENSE # \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_



## TIME SCHEDULE

Working days do not include Saturdays, Sundays, holidays or days in transit. Please call to make arrangements for emergencies, special requests and prescheduled express cases.

### PFM/All-Metal/DAL Monodont Bridge Working Days

All PFM's/All-Metal Restorations .....	6
PFM's with Attachments .....	8
DAL Monodont Bridge with Acrylic Pontic.....	7
DAL Monodont Bridge with Composite Pontic.....	9

### All-Ceramic/Composites Working Days

IPS e.max Monolithic/Enamic Monolithic.....	5
cubeX <sup>2</sup> , cubeONE or cubeONE ML Monolithic.....	5
BioZ <sup>X2</sup> Monolithic/BruXZir Monolithic.....	5
IPS e.max Layered.....	7
cubeX <sup>2</sup> or cubeONE Layered/BioZ <sup>X2</sup> Layered .....	7
DAL EZ Layered .....	7
Indirect Composite.....	7

### DAL Temps Working Days

DAL Temps (with or w/o metal reinforcement) .....	7
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### Partial Dentures Working Days

Chrome Cobalt Framework .....	8-10
DAL Second Nature Framework.....	8
All Cast and Precision Framework.....	8
Valplast or DuraFlex Process/Finish .....	9
Repair Framework.....	4

### Full Dentures Working Days

Custom Trays/Bite Rims .....	2
Partial or Denture Setup or Finish.....	3
Soft Liner/Rebase.....	3
Acrylic Reline .....	1
Repair .....	2-4

### Preventative Care Working Days

TAP 3/dreamTAP.....	9
Myerson EMA .....	7
D-SAD/Sleep Herbst/Dorsal .....	17-20
ProForm Sports Mouthguards .....	6
DAL Comfort Splints.....	6
DAL Skinny Splints.....	8
DAL KeySplint Clear Splints .....	8
Deprogrammers .....	8

### Implant Prosthetics

Please call to request the working schedule for implant cases.

## DAL INTERNAL USE ONLY

### CASE INVENTORY CHECKLIST

IMPRESSION	U	L	T	CHECK RECEIVED # _____
MODEL	U	L		
BITE REGISTRATION				
ARTICULATOR	#			OPENED BY _____  ON ____/____/____
CROWN / BRIDGE				
COPING				
VENEER				
INLAY / ONLAY				
POST & CORE				
PARTIAL / DENTURE	U	L		
FRAME	U	L		
SLEEP APPLIANCE				
MOUTHGUARD	U	L		
TRY-IN / BITE RIM	U	L		
TRAYS		METAL	PLASTIC	
SHADE TAB				
PHOTO / DIAGRAM				
MOUNTING RINGS				
CD / DVD / USB DRIVE				
PARTS / ATTACHMENTS				
OTHER _____				
_____				

## WARRANTY AND PAYMENT TERMS

### DAL REPLACEMENT WARRANTY

Dental Arts Laboratories, Inc. (DAL) warrants that all dental devices are made according to your specifications and approval in the notion that the device will be useful. DAL agrees to process, at no additional charge, all remakes or adjustments of the following devices fabricated by our laboratory that have failed due to defects in the material or workmanship if requested within the warranty period and if accompanied by the return of the original device. For complete warranty terms and conditions, please visit [www.dentalartslab.com](http://www.dentalartslab.com).

### LIFETIME WARRANTY

- Titanium Custom Implant Abutments

### DAL 5 YEAR FREE REPLACEMENT WARRANTY

- All Ceramic Restorations
- Zirconia Restorations
- Screw-Retained Crowns and Bridges
- PFM Restorations
- Fixed All-Metal Restorations
- Milled Titanium Implant Bars
- Spark Erosion Milled Bars and Attachments
- Zirconia (Prettau Style) Screw-Retained Implant Bridges
- Zirconia Custom Implant Abutments
- Composite Resin Inlays, Onlays, Crowns, Bridges (does not include Maryland Bridges)

### DAL 3 YEAR FREE REPLACEMENT WARRANTY

- DAL BioHybrid Screw-Retained JUVORA Bars
- Panthera D-SAD Sleep Appliances

### DAL 1 YEAR FREE REPLACEMENT WARRANTY

- Conventional and 3D Printed Dentures
- Chrome Cobalt Metal Partial Dentures
- Milled DAL Second Nature Partial Dentures
- Flexible Partial Dentures
- Hybrid Screw-Retained Dentures
- TAP 3 and dreamTAP Sleep Appliances
- DAL Monodont Bridges

### DAL 6 MONTH FREE REPLACEMENT WARRANTY

- DAL Thermoformed Comfort Guards
- DAL Milled Skinny Splints, Deprogrammers, SRS Splints, Gelb Splints
- 3D Printed KeySplint Soft Splints
- Mouthguards
- Provisional Partial and Flippers
- DAL Soft Gasket Partial Dentures
- Myerson EMA Sleep Appliances
- DAL Provisionals
- Maryland and Inlay/Onlay Bridges
- Snap-On Smile

### DAL 30 DAY FREE REPLACEMENT WARRANTY

- Immediate Dentures, Partial, Flippers
- Retainers

### 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 at the end of the month. Payment is due immediately upon receipt of the monthly statement. You agree to pay each delinquent balance on a monthly service charge of 18% per annum (1½% per month) or the maximum permitted by law. You agree 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. You agree 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, American Express, wire transfers and eChecks.

### BILLING QUESTIONS

For billing questions, please contact us at 765.838.8283.