



Dental Arts • St. Louis

1311 Baur Boulevard, St. Louis, MO 63132-1903
800.325.8011 • 314.991.0325 • Fax: 314.991.1846 • www.dentalartslab.com

DR. _____

STREET _____ SUITE _____

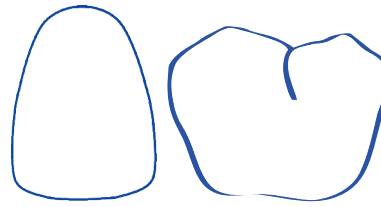
CITY _____ STATE _____ ZIP _____

PHONE () _____ EMAIL _____

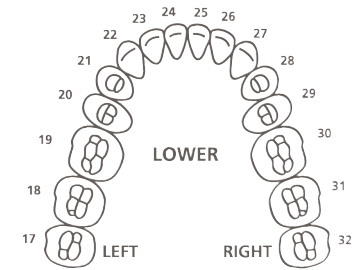
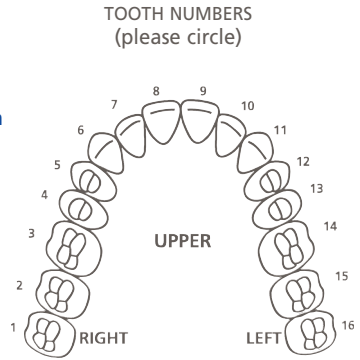
PATIENT NAME _____ AGE: _____ SEX: M F

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

Table with 4 columns and 8 rows detailing dental restoration options: All Ceramics, Porcelain to Metal Restorations, All Metal Restorations Indirect Composites, Full Dentures, Partial Dentures, Temps/Bite Splints, DAL Monodont Bridge Snoring/Sleep Appliances, Fixed & Removable Implant.



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



SHADE: _____ PREP SHADE: _____ TAB ENCLOSED
MOULD: _____

OCCUSAL STAINING NONE LIGHT MEDIUM HEAVY
OCCLUSION LIGHT IN OUT

PONTIC DESIGN (please circle) [Diagrams of five pontic designs]

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

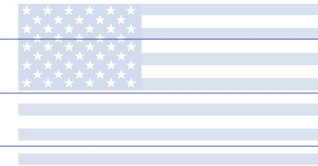
IF THERE IS INSUFFICIENT ROOM
REDUCE AND MARK PREP
REDUCE AND MARK OPPOSING
FABRICATE REDUCTION COPING
PLACE METAL ISLAND
CALL ME

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

Series of horizontal lines for providing contact information and a signature area.



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.....	5
DAL Monodont Bridge with Composite Pontic.....	9

All-Ceramic/Composites	Working Days
IPS e.max Monolithic/Enamic Monolithic	6
cubeX ² , cubeONE or cubeONE ML Monolithic.....	6
BioZ ^{X2} Monolithic/BruxZir Monolithic	6
IPS e.max Layered.....	6
cubeX ² or cubeONE Layered/BioZ ^{X2} Layered	6
DAL EZ Layered	6
Indirect Composite	10

DAL Temps	Working Days
DAL Temps (with or w/o metal reinforcement)	7

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	6
Repair Framework.....	3

Full Dentures	Working Days
Custom Trays/Bite Rims	3
Partial or Denture Setup or Finish.....	3
Soft Liner	3
Acrylic Reline/Repair	1
Rebase.....	3

Preventative Care	Working Days
TAP 3/dreamTAP	9
Myerson EMA	7
D-SAD/Sleep Herbst/Dorsal	17-20
ProForm Sports Mouthguards	5
DAL Comfort Splints.....	6
DAL Skinny Splints.....	8
DAL KeySplint Clear Splints	7
Deprogrammers	7

Implant Prosthetics
Please call to request the working schedule for implant cases.

DAL INTERNAL USE ONLY			
CASE INVENTORY CHECKLIST			
IMPRESSION	U	L	T
MODEL	U	L	
BITE REGISTRATION			
ARTICULATOR	#		
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	
SHADETAB			
PHOTO / DIAGRAM			
MOUNTING RINGS			
CD / DVD / USB DRIVE			
PARTS / ATTACHMENTS			
OTHER _____			

CHECK RECEIVED

OPENED BY

ON

____ / ____ / ____

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.

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 1-800-325-8011 or 314-991-0325.