



Dental Arts Laboratories, Inc.

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DR. _____

STREET _____ SUITE _____

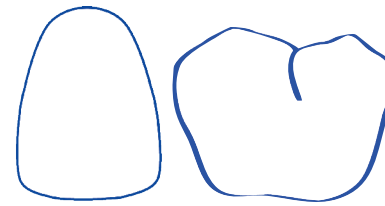
CITY _____ STATE _____ ZIP _____

PHONE () _____ EMAIL _____

PATIENT NAME _____ AGE: _____ SEX: M F

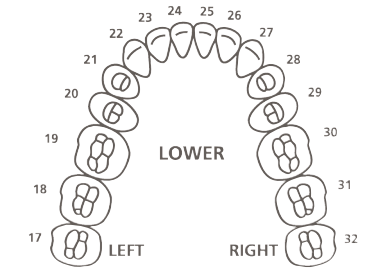
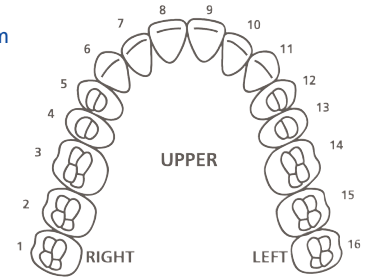
RETURN DATE BY 5 P.M. ____/____/____ PLEASE SEND: BOXES PRESCRIPTIONS SHIPPING LABELS

All Ceramics	<input type="radio"/> cubeONE <input type="radio"/> Full Contour <input type="radio"/> Layered (PFZ) <input type="radio"/> cubeONE ML Micro-layered <input type="radio"/> Full Contour <input type="radio"/> cubeX² <input type="radio"/> Full Contour <input type="radio"/> Layered (PFZ) <input type="radio"/> BioZ^{XL} <input type="radio"/> Full Contour <input type="radio"/> Layered (PFZ)	<input type="radio"/> IPS e.max <input type="radio"/> Full Contour <input type="radio"/> Layered <input type="radio"/> BruXZir <input type="radio"/> Full Contour <input type="radio"/> DAL EZ <input type="radio"/> Layered (PFZ) <input type="radio"/> Enamic Nano-Ceramic <input type="radio"/> Full Contour	
Porcelain to Metal Restorations	<input type="radio"/> Base (Non-Precious) (Nickel-Beryllium Free) <input type="radio"/> Noble (White Semi-Precious)	<input type="radio"/> High Noble (White Gold) <input type="radio"/> High Noble (Yellow Gold) <input type="radio"/> Captek (High Noble Yellow)	<input type="radio"/> Porcelain Labial Margin <input type="checkbox"/> 180° <input type="checkbox"/> 360° <input type="radio"/> Metal Occlusal
All Metal Restorations Indirect Composites	<input type="radio"/> High Noble Yellow (75%) <input type="radio"/> High Noble Yellow (60%) <input type="radio"/> High Noble White <input type="radio"/> Base (Nickel-Beryllium Free)	<input type="radio"/> Noble SP-Y Yellow <input type="radio"/> Noble Yellow (40%) <input type="radio"/> Noble White	<input type="radio"/> Indirect Composite <input type="radio"/> Inlay/Onlay <input type="radio"/> Inlay or Maryland Bridge
Full Dentures	<input type="radio"/> DAL Premium Full Denture <input type="radio"/> Classic (Value) Full Denture <input type="radio"/> DAL Premium 3D Printed Denture	<input type="radio"/> Bite Rim <input type="radio"/> Custom Tray <input type="radio"/> Setup	<input type="radio"/> Process and Finish <input type="radio"/> Reline <input type="radio"/> Repair
Partial Dentures	<input type="radio"/> Chrome Cobalt (Metal) <input type="radio"/> Conventional Frame <input type="radio"/> Equipoise Frame <input type="radio"/> Precision Attachment Frame	<input type="radio"/> Flexible (Metal-Free) <input type="radio"/> Valplast <input type="radio"/> DuraFlex <input type="radio"/> Combination w/Metal Frame	<input type="radio"/> DAL Second Nature <input type="radio"/> Clear <input type="radio"/> Tooth-Colored <input type="radio"/> DAL Soft Gasket Partial
Temps/Bite Splints	<input type="radio"/> DAL Temps <input type="radio"/> CAD/CAM Milled	<input type="radio"/> DAL Bite Splints <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"/> Snoring/Sleep Appliances <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
DAL Monodont Bridge	<input type="radio"/> DAL Monodont Bridge <input type="radio"/> Acrylic Pontic <input type="radio"/> Layered Composite Pontic	<input type="radio"/> DAL KeySplint Clear <input type="radio"/> DAL Comfort H/S	<input type="radio"/> Mouthguards <input type="radio"/> ProForm Color _____
Fixed & Removable Implant	<input type="radio"/> Final Abutment Design <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"/>	<input type="radio"/> Fixed Implant Restoration <input type="radio"/> cubeONE <input type="radio"/> IPS e.max <input type="radio"/> cubeONE ML <input type="radio"/> Noble PFM <input type="radio"/> cubeX ² <input type="radio"/> Layered PFZ <input type="radio"/> BioZ ^{XL} <input type="radio"/> Monolithic	<input type="radio"/> Removable Implant Restoration <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

TOOTH NUMBERS (please circle)



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

OCCUSAL STAINING NONE LIGHT MEDIUM HEAVY
OCCUSION LIGHT IN OUT

PONTIC DESIGN (please circle)

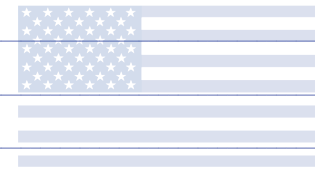
POSTERIOR DESIGN
 FULL COVERAGE - NO LINGUAL COLLAR
 FULL COVERAGE - SMALL LINGUAL COLLAR
 METAL OCCUSAL - EXCLUDING BUCCAL CUSP
 FULL METAL OCCUSAL - W/BUCCAL CUSP

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



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	7
PFM's with Attachments	10
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 ² , cubeONE or cubeONE ML Monolithic.....	5
BioZ ^{x2} Monolithic/BruXZir Monolithic	5
IPS e.max Layered.....	8
cubeX ² or cubeONE Layered/BioZ ^{x2} Layered	8
DAL EZ Layered	8
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	6-8
DAL Second Nature Framework.....	6
All Cast and Precision Framework.....	6
Valplast or DuraFlex Process/Finish	7
Repair Framework.....	4

Full Dentures Working Days

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

Preventative Care Working Days

TAP 3/dreamTAP	7
Myerson EMA	5
D-SAD/Sleep Herbst/Dorsal	17-20
ProForm Sports Mouthguards	4
DAL Comfort Splints.....	4
DAL Skinny Splints.....	4-6
DAL KeySplint Clear Splints	5
Deprogrammers	5

Implant Fixed Bridgework Working Days

Porcelain to Metal Crown.....	10
Full Metal Crown	8
CAD/CAM Milled Abutment	6
Zirconia Screw-Retained Crown	7

Implant Removables Working Days

Occlusal Rim w/Verification Splint.....	3
Model/Clear Stent	3
Wax Try-In	4
Milled Bar w/Wax Try-In.....	12
Process and Finish.....	6

Spark Erosion Prosthetics Working Days

Primary Bar Milling	10
Secondary Restoration Framework with Attachments and Teeth Set in Wax	10
Process and Finish.....	4

DAL INTERNAL USE ONLY

CASE INVENTORY CHECKLIST

IMPRESSION	U	L	T	CHECK RECEIVED	
MODEL	U	L			# _____
BITE REGISTRATION					
ARTICULATOR	#				
CROWN / BRIDGE				OPENED BY	
COPING					
VENEER					
INLAY / ONLAY					
POST & CORE					
PARTIAL / DENTURE	U	L			
FRAME	U	L			
SLEEP APPLIANCE				ON ____/____/____	
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.

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 Partials 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, Partials, 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 1-800-322-2213.