

FIXED PROSTHETIC PRESCRIPTION

DR'S NAME _____ DR'S PHONE _____

ADDRESS _____ City _____ State _____ Zip _____

PATIENT (Last) _____ (First) _____ Age _____ Sex _____

Date Sent _____ Pt. Appt. Date _____ Pt. Appt. Time _____

- Dr Die Trim
- Try-In One Piece
- Finish
- Try-In Separate

- Porcelain Fused to Metal**
- White High Noble
 - Yellow High Noble
 - White Noble
 - Captek
 - Base Metal

- Full Cast Restoration**
- Yellow High Noble
 - White High Noble

- Buccal Margin Metal Design**
- Porcelain Covering to Edge of Margin
 - Metal Collar _____ MM on Buccal
 - Porcelain Butt Margin (90° Shoulder Required)

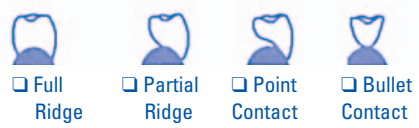
- Lingual Margin Metal Design**
- Porcelain Occlusal with _____ MM Lingual Collar
 - Metal Occlusal with Porcelain Buccal Cusp
 - Anterior 3/4 Metal Lingual

- Implant Restorations:** Parts Enclosed (list below)
- Fixture Type: _____
- Platform Size: _____

- Metal Free Restoration**
- Must provide Prep/Stump Shade with all Metal Free**
- Zirconia™ (Lava/Katana)
 - Sinfony™
 - Procera®
 - Temporaries
 - Empress® Stained Crown/Veneer
 - Empress® Layered Crown/Veneer
 - Feldspathic Veneer

- Diagnostic Services**
- White Wax
 - Preparation Stent
 - Duplicate Wax Up
 - Temporary Matrix
 - Prep Model
 - Provisionals

- Enclosed With Case**
- Study Models
 - Articulator
 - RPD Relations Imp.
 - Shade Tab
 - Post
 - Bite/Stick Bite
 - Thimble
 - Photos Emailed to Lab
 - Photos Sent with Case
 - Photos Mailed



Shade Consultation at Lab **Final Desired Shade:** _____

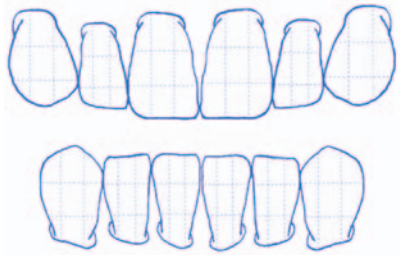
Prep /Stump Shade: _____

Occlusal Stain: _____ Texture: _____

Shimbashi _____ MM Central Length _____ MM

Single Tooth #s _____

Bridge Teeth #s: _____



SEND SUPPLIES: CALENDARS RX ENVELOPES _____

Dentist's Signature _____ License # _____

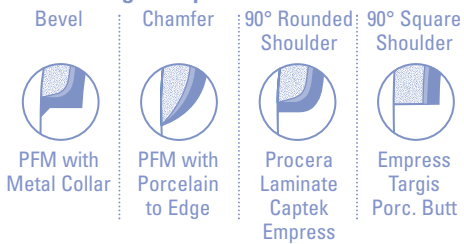
PLEASE READ OTHER SIDE BEFORE SIGNING

TERMS AND CONDITIONS

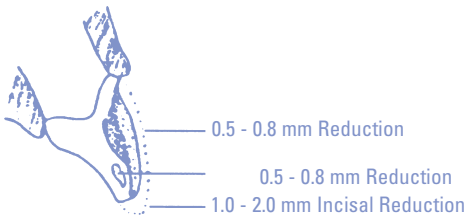
This signature evidences a contract for the sale and delivery of the specially manufactured goods mentioned herein and subject to the following terms and conditions.

1. Client agrees to pay in full the stated price of the goods plus any late payment penalties, plus all costs of collection including attorney fees if any.
2. Payment due in full after receipt of goods. A LATE PAYMENT PENALTY OF 1 1/2% PER MONTH SHALL BE CHARGED ON UNPAID BALANCE 31 DAYS AFTER RECEIPT OF MONTHLY STATEMENT.
3. Each order or work authorization billed or appliance made constitutes as such. Acceptance of new orders by Expertec Dental Laboratory, Inc. shall not represent any accord and satisfaction and shall not relieve client of any indebtedness to Expertec Dental Laboratory, Inc.
4. Expertec Dental Laboratory, Inc. may from time to time require a deposit or ship goods C.O.D.
5. Any use, sale, transfer, modification, of the appliance or failure to reasonably notify and return the appliance within 14 days to Expertec Dental Laboratory, Inc. shall constitute acceptance.
6. Any defects in returned goods must be particularized and Expertec Dental Laboratory, Inc. retains the right to effect cure of the defect.
7. Client dentist must examine all appliances and determine their fitness for any intended usage. THERE ARE NO EXPRESS WARRANTIES AND NO IMPLIED WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE GIVEN BY EXPECTEC DENTAL LABORATORY, INC.
8. This transaction shall be governed by the laws of Michigan. Acceptance of the goods constitutes acceptance of all terms and conditions herein. This writing evidences the complete and final expression of the agreement.

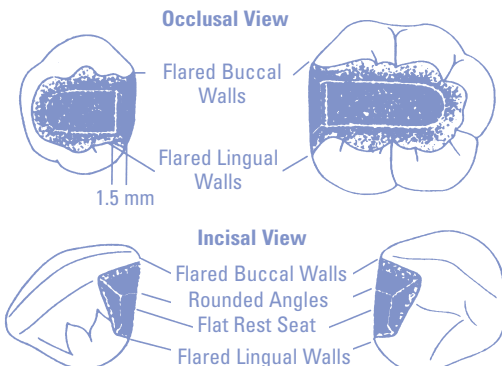
Margin Preparation Guidelines



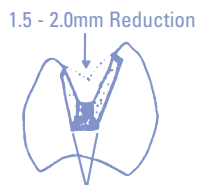
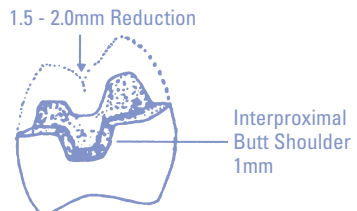
Porcelain Laminate Guidelines



Metal Free Inlay Bridge Preparation Guidelines



Porcelain and Composite Inlay/Onlay Preparation Guidelines



All Line Angles Smooth and Rounded