

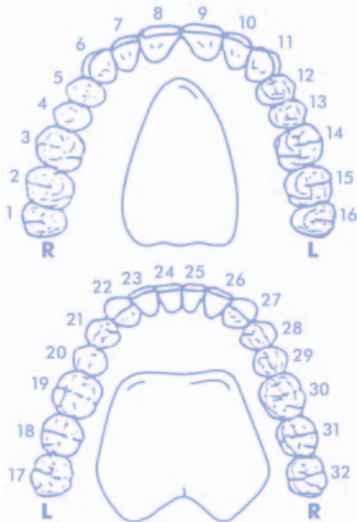
## DENTURE/PARTIAL PROSTHETIC PRESCRIPTION

DR'S NAME \_\_\_\_\_ DR'S PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PATIENT (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

DELIVER BY: Date \_\_\_\_\_ Time \_\_\_\_\_  Dr. To Pick-Up Today's Date \_\_\_\_\_



### DENTURES

- Upper  Lower  Reline  Repair  
 Occlusion Rim  Try-In  Custom Tray  
 Finish (Injection/Press Pack)  Nightguard (Soft/Hard)

### TEETH

Shade \_\_\_\_\_ Mould \_\_\_\_\_

#### Acrylic Shade

- Lucitone 199  Lucitone Red/Pink  
 Meharry  Clear  
 Coe Light  Coe Med  Coe Dark

#### CHECK LIST:

- Midline - Marked  
 High Lip Line - Marked  
 Proper Lip Support

#### ANTERIOR SET-UP:

- Ideal  
 Characterized  
 Study Model

### PARTIALS

- Vitallium  Dental D (Acetal/Resin)  Gold  
 Frame Try-In  Frame with Occlusion Rim  
 Frame with Teeth Try-In  Finish

SADDLE AREAS	TOOTH #	REST AREAS	TOOTH #	MAJOR CONNECTOR	DIRECT RETAINERS	TOOTH #
<input type="checkbox"/> Lab Select	_____	<input type="checkbox"/> Lab Select	_____	<b>Maxillary</b>	<input type="checkbox"/> Lab Select	_____
<input type="checkbox"/> Mesh	_____	<input type="checkbox"/> Mesial Rest	_____	<input type="checkbox"/> Palatal Strap	<input type="checkbox"/> Lab Select	_____
<input type="checkbox"/> Mesh with Posts	_____	<input type="checkbox"/> Distal Rest	_____	<input type="checkbox"/> Horseshoe	<input type="checkbox"/> Suprabulge (i.e. Akers)	_____
<input type="checkbox"/> Metal Pads with Posts	_____	<input type="checkbox"/> Cingulum Rest	_____	<input type="checkbox"/> Closed Horseshoe	<input type="checkbox"/> Infrabulge (i.e. I-Bar)	_____
				<input type="checkbox"/> Kennedy		

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HAS THIS CASE BEEN DISINFECTED?  YES  NO SEND SUPPLIES:  LABELS  RX  BAGS  BOXES

Dentist's Signature \_\_\_\_\_ License # \_\_\_\_\_

**PLEASE READ OTHER SIDE BEFORE SIGNING. ADDITIONAL WRITING ON REVERSE SIDE.**

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### 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 EXPERTEC 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.