

Fixed & Removable RX

OralArts

DENTAL LABORATORIES

2700 S. Memorial Pkwy P.O. Box 413 Huntsville, AL 35801 (800) 354-2075
9040 Airport Blvd. P.O. Box 850035 Mobile, AL 36608 (800) 327-4047

www.oralartsdental.com

Dr. Name _____ Dr. Phone # _____ Dr. Account # _____
 Address _____ City _____ State _____ Zip _____
 Email Address _____
 Date Written _____ Patient _____ Male Female

Enclosed # _____ Model _____
 _____ Shade Tab _____ Impression _____
 _____ Articulator _____ Bite _____
 _____ Crown _____ Photos _____
 Other: _____

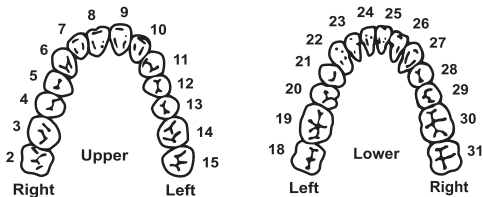
Due Date _____

Rush dates not guaranteed without prior approval.

Patient not yet scheduled

Please Send:

- Study Model for Anterior Cases
- Stump Shade for All-Ceramic/Ultra-Z Esthetic



Dr. Signature _____

License # _____

<p>If No Occlusal Clearance:</p> <p><input type="checkbox"/> Adjust Opposing <input type="checkbox"/> Phone Call</p> <p><input type="checkbox"/> Reduction Coping <input type="checkbox"/> Make this permanent preference</p>	<p>Dentures/ Flexible Partial</p> <p><input type="checkbox"/> Conventional Denture <input type="checkbox"/> TrueFIT 3D Printed Denture <input type="checkbox"/> DuraFlex Partial <input type="checkbox"/> DuraFlex/ Metal Combo <input type="checkbox"/> Custom Tray <input type="checkbox"/> IvoBase Premium Injection Denture <input type="checkbox"/> Flipper/Acrylic Partial <input type="checkbox"/> TCS Unbreakable Partial <input type="checkbox"/> TCS Unbreakable/Metal Combo <input type="checkbox"/> Bite Rim <input type="checkbox"/> Try-in Setup <input type="checkbox"/> Name in Appliance</p>	<p>QC Stamp:</p> <p style="text-align: center;"><input type="checkbox"/> Check Here For Exclusive Esthetic Restorations</p>	<p style="text-align: center;">Indicate Implant System</p> <p style="text-align: right;"><input type="checkbox"/> Screw-Retained <input type="checkbox"/> Cement-Retained</p>
<p>Shade Instructions: Shade _____ Stump Shade _____</p> <p>Occlusal Staining: ___ None ___ Light ___ Medium ___ Dark</p>	<p>Acrylic</p> <p><input type="checkbox"/> Original <input type="checkbox"/> Light Reddish Pink <input type="checkbox"/> Light <input type="checkbox"/> Dark Pink</p>	<p style="text-align: center;">Zirconia/Ceramic Crowns/Provisionals</p> <p><input type="checkbox"/> Element-Z Zirconia (4Y) <input type="checkbox"/> Snap-On Smile <input type="checkbox"/> Ultra-Z Zirconia (5Y) <input type="checkbox"/> BioLogic Hybrid <input type="checkbox"/> Element-Z Lingual (4Y) <input type="checkbox"/> LiSi Press <input type="checkbox"/> CAD/CAM Oral Temp <input type="checkbox"/> Element-Z Screw Retained Hybrid</p>	<p style="text-align: center;">Implant Crown Emergence Profile</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> Minimal Displacement* </div> <div style="text-align: center;"> <input type="checkbox"/> Natural Emergence Impingement <input type="checkbox"/> _____ mm buccal <input type="checkbox"/> _____ mm mesial <input type="checkbox"/> _____ mm distal <input type="checkbox"/> _____ mm lingual *Default </div> <div style="text-align: center;"> <input type="checkbox"/> Ridge lap to match adjacent contour </div> </div>
<p>Pontics (circle preference) or Check-mark in Fillable PDF</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> No Contact </div> <div style="text-align: center;"> Modified Ridge </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> Full Ridge </div> <div style="text-align: center;"> Point Contact </div> </div>	<p>Full-Cast Crowns</p> <p><input type="checkbox"/> Base Metal <input type="checkbox"/> Argenco Y+ Yellow Noble <input type="checkbox"/> Yellow Noble <input type="checkbox"/> White Noble <input type="checkbox"/> White High Noble <input type="checkbox"/> Yellow High Noble</p>	<p style="text-align: center;">Teeth</p> <p><input type="checkbox"/> Premium Teeth <input type="checkbox"/> EconomyTeeth</p>	<p style="text-align: center;">Implant Abutment</p> <p><input type="checkbox"/> OAL Custom Titanium Abutment <input type="checkbox"/> OAL Custom Gold Hue Abutment <input type="checkbox"/> Zirconia Hybrid Abutment <input type="checkbox"/> Prep Stock Abutment</p>
<p>Margin & Metal Design</p> <p><input type="checkbox"/> Full Coverage Porcelain to Metal Coping <input type="checkbox"/> Porcelain Butt Margin Buccal <input type="checkbox"/> Lingual Metal Band <input type="checkbox"/> 360 deg. Metal Band <input type="checkbox"/> Lingual Half Metal Occlusal <input type="checkbox"/> Full Metal Occlusal</p>	<p>PFM Crowns</p> <p><input type="checkbox"/> Base Metal <input type="checkbox"/> Noble <input type="checkbox"/> White High Noble <input type="checkbox"/> Yellow High Noble</p>	<p style="text-align: center;">Premium Cast Partials</p> <p><input type="checkbox"/> Frame Try-In <input type="checkbox"/> Frame with Setup <input type="checkbox"/> Frame with Bite Rim <input type="checkbox"/> Process/ Finish</p>	<p style="text-align: center;">Custom Abutment Emergence Profile</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> Surgical Placement </div> <div style="text-align: center;"> <input type="checkbox"/> Tissue Displacement </div> </div> <p style="text-align: center;"><input type="checkbox"/> Minimal Displacement* *Default</p>
<p style="text-align: center;">Sleep Apnea & Ortho Devices</p> <p><input type="checkbox"/> dreamTAP <input type="checkbox"/> QuietNite <input type="checkbox"/> SomnoDent <input type="checkbox"/> EMA <input type="checkbox"/> myTAP</p>			<p style="text-align: center;">Custom Abutment Margin Depth - Below Tissue, + Above Tissue *Default</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> _____ mm Lingual (0 mm*) </div> <div style="text-align: center;"> _____ mm Buccal (-1 mm*) </div> </div> <p style="text-align: center;">_____ mm Mesial (-0.5 mm*) _____ mm Distal (-0.5 mm*)</p>
<p style="text-align: center;">Night Guards/Bite Splints/Mouthguards</p> <p><input type="checkbox"/> AstronCLEAR <input type="checkbox"/> Comfort HS <input type="checkbox"/> Soft EVA <input type="checkbox"/> AstronCOLOR <input type="checkbox"/> Day Guard <input type="checkbox"/> TrueSplint 3D <input type="checkbox"/> BiteSoft Ant.Splint <input type="checkbox"/> Gelb Splint <input type="checkbox"/> Variflex HS <input type="checkbox"/> Comfort HS Color <input type="checkbox"/> IvoBase Clear Injected Splint</p> <p style="text-align: center;"><i>Specify Colors on RX</i></p>			

The statement balance is due and payable by the fifteenth of the month following purchase. A service charge of 1.5% per month (annual rate of 18%) will be applied to any unpaid balance. Accounts with outstanding balances over 45 days will be subject to COD status. If you have any case inquiries, questions, or concerns should be directed to info@oralartsdental.com

In-Lab Turnaround

5-day turnaround on most restorations up to ten units! (Except Oral Arts Select...See Schedule)

Crown & Bridge

Element-Z, Ultra-Z Esthetic, or LiSi Press.....	5 Days
1-10 Units PFM	5 Days
11 or more Units	7 Days
Full Cast	3 Days
Custom Titanium or Zirconia Abutment only.....	5 Days
Custom Ti or Zr Abutment with Crown	10 Days
Select 1-12 Units	10 Days
Select Larger Cases	Call for schedule

Crown & Bridge Rush Charges

24 Hour, In House	100.00 per unit
48 Hour, In House	75.00 per unit
72 Hour, In House	50.00 per unit

Select™ Rush Charges

8 Days, In House	50.00 per unit
7 Days, In House	75.00 per unit
6 Days, In House	100.00 per unit

Anything less than 6 days *cannot* be done.

Cast Partial

Cast Framework	6 Days
Set-Up for Try-In	7 Days
Process and Finish	5 Days
Set-Up, Process and Finish	15 Days
Bite Rim	2 Days

Flexible Partial

Set-Up for Try-In	7 Days
Process and Finish	5 Days
Set-Up, Process and Finish	8 Days

Cu-Sil® Partial

Set-Up for Try-In	7 Days
Process and Finish	5 Days
Re-shoot Cu-Sil and Reline	5 Days

Dentures

Set-Up for Try-In	7 Days
Process and Finish	7 Days
Set-Up, Process and Finish	10 Days
Bite-Rims, Trays and Reline	2 Days

Orthodontics

Ortho Appliances	2-7 Days
------------------------	----------

Splints & Mouthguards

IvoBase Clear Injection Splint	5 Days
Comfort H/S	5 Days
AstronCLEAR/AstronCOLOR.....	5 Days
Processed Acrylic Splint	5 Days

Sleep Apnea Devices

Myerson EMA	5 Days
DreamTAP.....	5 Days

Removable & Ortho Rush Charge

Rush beyond normal time schedule .. 50.00 per case

Working days do not include pick-up, delivery or mail days.

Warranty and Policies, Shipping Policy

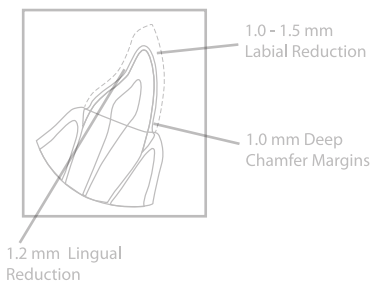
Doctors: Free Inbound shipping! You have several convenient options when shipping your cases; choose from our local courier service in areas where applicable, FedEx, or UPS. We will provide you with complimentary airbills, packing materials, and boxes. This policy does not apply to overnight deliveries, weekend pickups, or insurance coverage. In these situations, which are at doctor's request, or for accounts outside the Continental U.S., Oral Arts will bill your account for any additional shipping charges that were incurred. For your free shipping kit, within Continental US, please call our marketing department toll-free at 1-800-354-2075.

Financing: Oral Arts offers you the convenience of a monthly open account on all of your casework. Invoices are sent with cases and statements are mailed on the last business day of the month. The statement balance is due and payable by the fifteenth of the following. A service charge of 1.5% per month (annual rate of 18%) will be applied to any unpaid balance. Any costs associated with collecting an unpaid balance, including legal fees, will be charged to the customer. Accounts with outstanding balances of over 45 days will be converted to a C.O.D. basis.

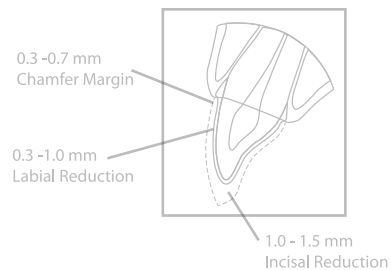
Limited Warranty and Zirconia Lifetime Warranty/Limitation of Liability: Oral Arts Laboratories ("the lab") warrants that all dental devices (a "device") are made according to your specification and approval in the belief that the device will be useful and makes no other warranties including, but not limited to, any implied warranty of merchantability or fitness for a particular purpose. This Limited Warranty and Limitation of Liability ("Agreement") will be extended with the presentation of a verified proof-of-purchase, which includes an original invoice number/date, patient's name and the original model. This limited warranty extends only to the original purchaser of a device, is not transferable, and does not extend to patients or other individuals and/or entities to whom the device(s) is/are sold, implanted, inserted or delivered. Subject to the return of a device that is placed and then fails due to defects in materials or workmanship, the lab will repair or remake the device without charge or for a partial charge based on original invoice price, at the lab's option, as follows: (1) Monolithic Zirconia restorations are warranted for the life of the patient originally receiving the restoration from the date of placement. This limited lifetime warranty shall apply to the original purchaser only and is not transferable. Porcelain to metal restorations, all porcelain restorations, porcelain to zirconia, all metal restorations, single-unit inlays, onlays, and screw-retained titanium or zirconia abutments (excluding abutments with angulations greater than 20 degrees), up to seven years; (2) dentures and partials but excluding immediate dentures, up to one year; (3) Removable and fixed orthodontic appliances, thermoformed appliances, acrylic temporaries, acetyl resin appliances, immediate dentures, flippers, surgical and radiographic guides, and all other dental devices for up to 30 days. Splints up to 6 months, TrueSplint 3D Printed Splint up to 30 days. Sleep apnea devices are covered up to 1 year, SomnoDent appliances are not covered by warranty. (4) Flexible partials up to 6 months only if 5mm or more of Vertical Dimension of Occlusion exists. (5) Screw-Retained Acrylic Hybrid, Zirconia Hybrid, and BioLogic Hybrid will be remade at no charge due to poor fit only if the prosthesis does not fit the model and the model has been returned with the prosthesis for remake. Lab is not liable for all other costs of adjustment, repair and replacement of the device. If the prosthesis breaks during the delivery appointment and the lab's screw-retained hybrid protocol for verification jig was not followed, warranty is voided. Screw-Retained Acrylic Hybrid up to 30 days for failure of acrylic or denture teeth, titanium bar against breakage up to 5 years. Zirconia Hybrid against breakage of Zirconia up to 5 years. Trilor PMMA Hybrid warranty for up to 5 years. BioLogic Hybrid internal bar structure failure up to 3 years, individual crowns up to 7 years, composite gingival up to 1 year. This warranty does not apply if the models were not verified using an intra orally luted verification jig. Except where prohibited by law, the lab will not be liable for any loss or damages arising from the use of a device, whether direct, indirect, special, incidental or consequential, regardless of the theory asserted, including warranty, contract, negligence or strict liability and if such disclaimer is not permitted by law, the duration of any implied warranty is limited to 90 days from the date of delivery. The lab does not guarantee the performance of independent carriers. Oral Arts will only accept returns of implant parts on un-opened packages with the product in its original condition. The parties to this Agreement mutually agree to waive any and all class actions in favor of mandatory individual arbitration of all claims arising out of, or related to, this Agreement. Any controversy or claim arising out of, or relating to, this Agreement, or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association. The place of the arbitration shall be Huntsville, Alabama and Alabama state law shall apply.

All Ceramic Tooth Prep

Anterior Crown



Veneer



Posterior Crown

