

Refer to reverse side for lab turnaround times. All rush cases must be prescheduled.
Submit via fax to (805) 347-7921 Submit digital scans to: digitalscans@denmat.com

CUSTOMER ACCOUNT NUMBER _____

CUSTOMER NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

DR.'S LICENSE NUMBER _____ SIGNATURE _____

PATIENT MALE FEMALE AGE _____

Classic Service

NEW Signature Service with RSVP – Our “boutique” service offering advanced color matching, artistry, and state-of-the-art processes. Signature Service technicians have received advanced education on occlusion and diagnostic planning.

Note: Please call to schedule your technician and reserve a place in our fabrication process prior to shipping the case. 1-800-872-8384 x5520

Restoration Type

VENEERS

- Lumineers® w/Cerinate
- Lumineers w/ Lithium Disilicate (LD)

ALL CERAMIC CROWN AND BRIDGE

- LumiZir™ Natural High Trans. Zirconia (600 MPa)
- LumiZir™ Full Contour Crown (1200 MPa)
- LumiZir Crown with stacked porcelain
- LD crown

- LD crown w/cutback
- LD Inlay Onlay

- Cerinate Full Contour crown (Anterior Only)

- LumiZir Full Contour Bridge
- LumiZir Bridge with stacked porcelain
- LD bridge (anterior only, single pontics, 3-unit only)

MISCELLANEOUS

- Diagnostic wax-up
- Please provide a putty matrix prep guide
 - Maxillary
 - Mandibular

- Lumiguard (lowers only)
- Prep guide
- Framework try-in

IMPLANTS

Tooth #: _____
 Please call Doctor

DIGITAL IMPRESSIONS

- iTero Cerec Other

Design Instructions and Required Specifications

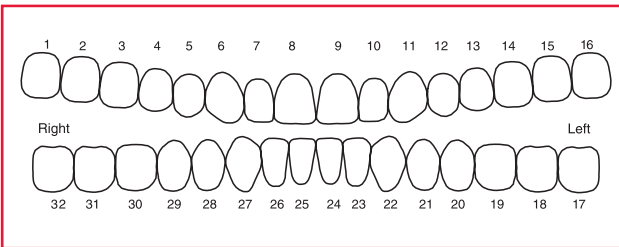
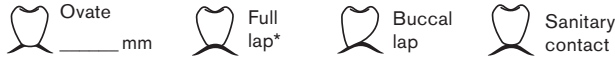
SURFACE TEXTURE:

- Smooth*
- Moderate
- Heavy

IF INADEQUATE CLEARANCE:

- Spot opposing
- Spot prep
- LumiKey Reshaping Guide (for veneers)
- Reduction coping (crown and bridge)
- Call me if reduction required exceeds 0.5mm

PONTIC DESIGN:



SHADE SPECIFICATION:

Current shade is: _____

Stump shade is: _____

Shade requested: _____

- Monochromatic (body shading only)
- Polychromatic (cervical, body, incisal shading)

Incisal third shade: _____

Gingival third shade: _____



OCCLUSAL STAIN:

- None Medium Light Dark

CASE DESIGN:

- Desired length of centrals (mm) _____
- Placement wrap Incisal wrap
- Additional length: .5 mm 1 mm 1.5 mm
- Alignment
- Complete diastema closure
- Partial diastema closure (specify) _____

INCISAL EDGE SPECIFICATIONS:

- Central Incisors Square Round
 - Lateral Incisors Square Round
 - Cuspids Square Flat Round Pointed
 - Bicuspids Square Flat Round Pointed
- *default to match existing

QUICK CHECK:

- Articulator type: _____ Shade tab
- Bite registration Models: Pre-Op Opposing
- Diagnostic wax-up Stick bite/facebow
- Impressions Upper Lower

ADDITIONAL SERVICES:

- 2D Digital Preview \$25 additional charge (part number 056404435)
- Bisque Preview \$25 additional charge (part number 056404415)

PHOTOS ENCLOSED YES NO

CASE DUE DATE: ____/____/____

SPECIFIC INSTRUCTIONS:

Requesting Consultation

PLEASE NOTE: By submitting this Rx, I agree to terms and conditions on reverse side.



Thank you for your business.

SHIPPING*

All delivery days are listed in lab working days, starting from date of case acceptance (including acceptable impressions/models, bite registration, and complete prescription information). Working days do not include the date the case is shipped, time in transit, weekends or holidays. Outbound shipments require a standard \$15 flat fee per case.

All returns must be sent to the following address:

Den-Mat Holdings, LLC
1017 W. Central Avenue
Lompoc, CA 93436 USA

DENMAT LAB PRODUCTION TURNAROUND TIME

Lumineers®: 1-11 units, 10 days • 12+ units, 12 days

LumiZir™: 1-11 units, 10 days • 12+ units, 12 days

Snap-On Smile®: 10 days

Combination Cases: 12 days

Signature Service: Standard 10-15 days - Additional fees apply

Table with 4 columns: Rush Options, Rush Options, Rush Options, Rush Options. Rows include Lumineers, LumiZir, A.R.T. - No Prep, and A.R.T. - Minimal Prep with associated costs and durations.

ALL RUSH CASES MUST BE PRESCHEDULED BY CALLING 1-800-433-6628 PRIOR TO SHIPPING CASE.

Based on exchange rate and actual shipping cost.

FOR STUDIO USE ONLY

DATE RECEIVED #: PAN #:

OPEN INITIALS:

INCOMING QC NOTES:

ORIGINAL ORDER #:

REMAKE/REPAIR REASON CODE:

STAGE:

CUSTOMER #:

Q/E INT:

NEW ORDER #:

ABBREVIATED TERMS AND CONDITIONS – DENMAT LAB

(Please see our complete terms and conditions available at www.denmat.com/termsofuse).

Ordering

For the best possible custom-made product, please make sure you are ordering the correct size, quantity, shade, and material application. If we make an error or if your order was inaccurate, we will make every attempt to remedy the error as quickly as possible.

Product Inspection

We encourage you to inspect the product prior to acceptance. You accept the product if you use it in any way, including placing the product in a patient's mouth or making modifications to it.

Limited Warranty

While we believe you and your patient will be delighted with this product, we understand that 100% satisfaction is not always possible. In such event, we are happy to repair or replace, at our discretion, any product that is defective or does not meet your specifications.

For all DenMat Lab restorations (excluding Snap-On Smile), DenMat's warranty obligation, with respect to an original restoration affixed to a particular tooth, is limited to one (1) time replacement for that restoration within five (5) years and covers any defects in materials or workmanship.

For Snap-On Smile, the warranty obligation is limited to one (1) time replacement of the original Snap-On Smile (both full and partial arches) within one (1) year and covers any defects in materials or workmanship.

These limited warranties are in effect from the date you receive the product and are between DenMat and the doctor. There will be no handling charge for warranty work for the first 90 days of the warranty period. After the 90 days, there will be a \$37 handling fee (US dollars) plus shipping (depending on current shipping rates) on all warranty claims.

This limited warranty is in lieu of all other warranties, expressed or implied and is void if the product is improperly stored or used. There are no implied warranties of merchantability, fitness for a particular purpose or otherwise. Before using this product, you agree that it is your responsibility to determine whether it is suitable for the intended use and will assume all risk and/or liability associated with use of or inability to use the product.

Our Contact Information

If you have questions or comments about our terms and conditions, we are here for you Monday through Friday from 6 a.m. to 5 p.m. (Pacific Time). Please feel free to contact our Customer Service team in any of three ways:

- 1. Send us an email at lab@denmat.com
2. Call us at: 872-8384 x5520
3. Write us at: 1017 W. Central Avenue Lompoc, CA 93436 USA Attn: Lab Customer Service