

Doctor Name _____
Office/Address _____
City, State, ZIP _____

Patient Name _____
Patient Appt. Date & Time _____
Phone # _____

Restoration Type

- LuxxZr™*
- Full-Contour Zirconia
- IPS e.max®*
- Porcelain to Zirconia
- PFM Non-Precious
- PFM Semi-Precious
- PFM White High Noble
- PFM Yellow High Noble
- PMMA

Product Type

- Screw-Retained
- Cement-Retained
- Make cement-retained if aesthetics are compromised.
- Please call if aesthetics are compromised.

Tooth Number(s)

- Crown(s)
 - Bridge
- #s _____

Shade

Final Shade _____
*Stump Shade _____

**stump shade required if restoration type is marked with an * above.*



Implant

System _____
Size _____

Abutment

- Authentic System
- 3rd Party*
- Size _____
- Order all implant components for this case

- Titanium Abutment
- Zirconia w/Ti Base**
- All-Zirconia Abutment**
- Gold Hue***

**If not specified, we will use 3rd party.*
***Must be cement-retained restoration.*
****Gold Hue is automatically applied to restoration types marked with an * if it involves anterior or bicuspid units.*

Occlusal Staining

- None
- Light
- Medium
- Dark

Please note that we ask for at least 10 in-lab days for most implant cases. PFZ or PFM implant restorations require 10-14 days.

Parallel Abutments

- No
- Yes

Emergence Width Options

- No Tissue Displacement
- Support Tissue
- Contour Tissue
- Full Anatomical

Abutment Margin Depth

- Facial _____
- Lingual _____
- Mesial _____
- Distal _____

If left blank, default values will be used.

Enclosed with Case

- Closed Tray Impression
- Open Tray Impression
- Transfer Coping
- Bite
- Opposing/Models
- Abutment
- Analog
- Articulator
- Photos

Contour & Occlusion Design

Embrasures:

- Closed
- Open

Occlusion:

- Light
- Ideal
- Out
- Open _____ mm

Contacts:

- Broad & Tight
- Pinpoint
- Light

If no occlusal clearance:

- Call Doctor
- Spot Opposing
- Metal Island
- Metal Occlusion

Needs Phone Consultation

Email photos to: info@albensilab.com

TERMS & CONDITIONS

By signing or sending this Rx script (or a substitute thereof) to NDX Albensi, I agree to abide by all the terms and policies listed herein. NDX Albensi is not responsible for incidental or consequential damages, including inconvenience, lost income, chairtime or pain and suffering.

All accounts are payable within 15 days of the statement date. Any amounts not paid within the terms are subject to a monthly finance charge of 1.5% of the unpaid balance. In addition, the account is subject to COD status whereas the unpaid balance will be added to the cost of the case(s) being delivered. All case items sent will remain the property of NDX Albensi until the balance is paid in full. A minimum of \$25.00 will be charged for all checks returned to NDX Albensi. Any legal fees related to collections are the responsibility of the client. Client agrees that all legal claims and/or disputes shall be governed by the Commonwealth of Pennsylvania and submit to exclusive jurisdiction of and be in venue of. Also, shipping charges will apply and vary depending upon your geographic location.

WARRANTY

For a period of five years from the date of the invoice on all fixed restorations, we guarantee your complete satisfaction with the workmanship and materials of the restoration you purchased. This warranty is in lieu of all other warranties, whether expressed, implied or written by any agent, broker, distributor, employee or representative of NDX Albensi.

Incidents where there is failure of supportive tooth or tissue structures, improper adjustments, improper dental hygiene, abuse or accidents make this guarantee null and void.

If, for any reason, the restoration is not acceptable at the time of receipt or at the time of insertion, we shall adjust, repair or replace the appliance at no charge. Simply return the prosthesis with the original model work and an explanation of the problem with your request for adjustment, repair, replacement or refund. If a doctor requests a remake of a case with a change in the design, restoration type, or shade from the original RX, it will be subject to charge.

CONDITIONS – Prosthesis must be inserted by a licensed practicing dentist or prosthodontist within one month of fabrication. Patient must adhere to semi-annual cleanings and exams.