

Doctor Name _____ Patient Name _____

Office/Address _____ Patient Appt. Date & Time _____

City, State, ZIP _____ Phone # _____

Product

- Diagnostic Wax-Up Only
- PMMA Temporary Only
- Smile Design Unit(s)
(diagnostic wax-up & temporary)
- LuxxZr™
- Full-Contour Zirconia
- IPS e.max®
- Porcelain Fused to Zirconia
- e.max Veneers

Shape

- Match Photographs included
- Match provisionals exactly
- Match provisionals with added
artisty
- Match Smile Template Letter
- Other _____

Smile Template Letter

*Found in the Aesthetic Pro Smile
Design Guide*

Length

Central #8 _____mm
Central #9 _____mm
Laterals _____mm less
than centrals

Overjet

- 1 mm
- 2 mm
- 3 mm
- 4 mm
- Other _____

Tooth Number(s)

- Crown
- Bridge
#s _____

Shade

Final Shade _____
Stump Shade _____
Body Shade _____
Gingival Shade _____

Incisal Translucency

- Minimal (0.5 mm)
- Moderate (1.0 mm)
- Maximum (1.5 mm)

Incisal Edge

- Flat
- Characteristics
- Mamelon Developments

Occlusal Staining

- None
- Light
- Medium
- Dark

Goals of Final Case

- Widen Buccal Corridor
- Younger Smile
- Close Diastema
- Feminize Smile
- Move Midline
- Lengthen Teeth
- Change Shade
- Replace Existing
- Straighten Teeth
- Other _____

Enclosed with Case

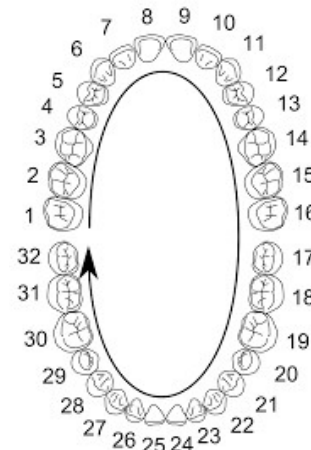
- Working Model
- Opposing Model
- Solid Model
- Pre-op Model/Impression
- Temp Model/Impression
- Diagnostic Wax-up
- Full Impression
- Quadrant Impression
- Triple Tray
- Bite
- Stick Bite
- Face Bow Bite
- Shade Blade
- Photos/Slides/Film
- Base Plate
- Articulator
- Model
- Ser #

Case Notes

Needs Phone Consultation
Patient Gender: M F Patient Age: _____

Needs Phone Consultation

Email photos to:
info@albenzilab.com



Signature _____ License # _____ Date _____

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.