

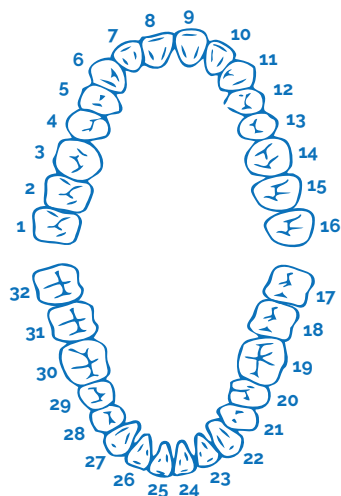
Doctor/ Office _____ Prep Date _____
 Patient Name _____ Age _____ M F
 Seating Appointment Date _____ Time _____

Case Due Date
Lab Use Only

Case Pan #
Lab Use Only

DOCTOR NOTES

Singles _____
 Bridge _____
 Pontic # _____



Tell Us How You Like It!

SHADE INSTRUCTIONS

VITA®-Classic _____
 VITA® 3D Master _____
 Stump Shade _____
 Custom _____ Patient Phone _____



OCCUSAL STAINING

None
 Light
 Heavy



ITEMS ENCLOSED

- Photos Analog Model
- Shade Tab Impression Bite
- Implant Parts Surgeon Letter
- Other _____



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ALL CERAMICS

- FCZ- Full-Contour Zirconia
- IPS e.max®
- PFZ- Porcelain-Fused-to-Zirconia

PONTIC DESIGN

- Modified Ridge Lap
- Full Ridge Lap
- Sanitary
- Bullet
- Ovate

PFM

- Non-Precious
- Noble White
- High Noble White
- Yellow Noble

FULL CAST

- Noble Yellow
- High Noble Yellow

IMPLANTS

CROWN

- Full-Contour Zirconia Porcelain-Fused-to-Zirconia
- IPS e.max® (Pressed) Other

RETENTION

- Screw-Retained
- Cement-Retained

ABUTMENT

- Zirconia Custom UCLA
- Titanium
- Gold Anodized

IMPLANT

- Manufacturer _____
 Size/Platform _____
- Surgeon Letter w/Case
 - OEM (Default) or 3rd Party

BUCCAL COLLAR DESIGN

- Hairline or _____mm Buccal Porcelain Butt Margin
- Porcelain Junction Margin

METAL DESIGN

- Full Porcelain Metal Occlusal/Lingual
- Lingual Collar Metal Occl./Ling. w Collar

PMMA TEMPS

- Diagnostic Wax-Up Wire Cast Metal Frame
- Abutments #'s Splinted Individual
- Pontics #'s

REMOVABLES & APPLIANCES

- Carbon 3D Digital Denture Cast Framework
- Full Denture Max _____ Mand _____
- Locator-Retained Frame Try-in
- Bar-Retained Process/Finish
- Screw-Retained Hybrid Custom Tray
- DuraFlex™ Flexible Partial Baseplate/Wax Rim

Flipper - Teeth _____ Clasp _____

- ClearSplint Bleaching Tray
- DualGuard 1.0 mil. Clear Ortho Retainer
- Night Guard - Clear/Hard Space Maintainer
- Ortho Retainer

ADDITIONAL NOTES

IF OCCLUSAL CLEARANCE IS NEEDED

- Reduce Opposing Reduction Coping
- Call Doctor

PLEASE SEND

- Rx Forms Case Boxes Mailing Labels

Dentist Signature _____ License # _____

Please see reverse side for payment terms and policies.

— Thank you! —

PAYMENT TERMS

Each case will be returned with an invoice. A statement will be provided at the end of each month. Payment of the statement balance is due by the 15th day of the month. Service and interest charges may be added to past due accounts.

A credit card is required on file, but will not be used to make payment on the account without notice. If an account becomes more than 90 days past due, and there is no contact from the office – the balance due will be placed on the card.

We accept cash, check and all major credit cards – call our office to inquire about automatic credit card payments.

REFUND POLICY

The cost of fabricating Castable Ceramics Dental Laboratory restorations cannot be refunded. A credit may be issued by Castable Ceramics Dental Laboratory directly to a customer's account when cases do not meet our expected standards for quality, function and aesthetics. Services fees and parts fees are not refundable unless the product can be returned to the retailer for credit. Refunds on implant components are pursuant to the individual manufacturer return and warranty policies.

REMAKE POLICY

As a lab, we view ourselves as a member of your dental team, and we intend to do our part in being a good team member. All remakes will be at no charge except under the following circumstances:

1. Castable Ceramics Dental Laboratory inquired about the die, margin or impression. However, the customer approved and requested completion of the case.
2. Castable Ceramics Dental Laboratory requested a try-in, but the customer declined and asked for a completed case.
3. The teeth are re-prepared.
4. There is a shade change/correction different from the original request.

RETURN POLICY

For eligible remakes without the original case, Castable Ceramics Dental Laboratory shall remake these cases at 100% of the retail price of the restoration at the time the request is made. If the original model and dental restoration are returned within 60 days from the original invoice date, Castable Ceramics Dental Laboratory will issue a 100% credit to the customer's Castable Ceramics Dental Laboratory account. In order to receive a credit for work that is returned, Castable Ceramics Dental Laboratory must be given the opportunity to fix or replace the original restoration. If cases are returned without the opportunity to fix or remake, alloy charges will be refunded but the porcelain and labor charges will remain on the account.

(FOR LAB USE ONLY)

MODEL/DIE

- Extra Model & Die _____ QTY
- Model Duplication _____ QTY
- Transfer Die(s) _____ QTY
- Epoxy Model(s) _____ QTY
- Articulator Plates _____ QTY TYPE _____
- Articulator Magnets/Conns _____ QTY TYPE _____
- Soft/Pink Tissue _____ QTY
- Wet Impression _____ QTY
- Metal Articulator (Brass/Chrome)

WAX/METAL

- Reduction Coping _____ QTY
- Crown Under Partial
- Survey for Partial (Inclusive of Rest)
- Rest (Cingulum/Occlusal) _____ QTY
- Stress Breaker _____ QTY TYPE _____
- Attachments _____ QTY TYPE _____
- _____ Metal Try-In (Billed)
- Alloy _____ %Au _____

CUSTOM SHADE

- Dr. Office Called (No Contact)
- Old Crown(s) Returned _____ QTY
 - Old Model(s) Returned
 - Old Lab Slip Attached
- Note to Dr. _____
 - _____
 - _____
 - Note to Dr. Please Trim Opposing Indicated in Red
 - _____
 - _____

IMPLANT CASE

- Implant Labor _____ QTY
- Implant Parts Included
- Ordered – Invoice Attached
- Other: _____
- From Lab Stock:
 - 1) _____ QTY
 - 2) _____ QTY
 - 3) _____ QTY

FINAL CHECK

RUSH CASE

Working Days in Lab

CASE LOG IN

Initials	Date/Time
IN	
OUT	
IN	
OUT	
IN	
OUT	
IN	
OUT	