

Rx FORM (REMOVABLE)



PREMIER DENTAL LAB

MAIN: (651) 453-0225

SEND TECHNICIAN TEXT: (612) 323-7134

SEND EMAIL: info@premierdentallab.com

SEND PHOTOS: photos@premierdentallab.com

SEND SCANS: digital@premierdentallab.com

DOCTOR - NAME: _____

ADDRESS: _____

CITY / STATE: _____

PATIENT - LAST NAME: _____ AGE: _____

FIRST NAME: _____ SEX: M

RECORD #: _____ F

RETURN DATE: _____ DAY: _____

RETURN TIME: _____ A.M. P.M.

PLEASE SEND:

REMOVABLE RX FORMS

FIXED RX FORMS

SHIPPING BOXES

OTHER: _____

PLEASE CONTACT ME:

EMAIL: _____

TEXT: _____

PHONE: _____

CASE DESIGN

CUSTOM TRAY:

UPPER LOWER

PERFORATED NON-PERFORATED

FULL DENTURES:

UPPER LOWER

STANDARD ECONOMY TEMPORARY IMMEDIATE SPARE

RETURN: BITE BLOCKS WAX TRY-IN FINISHED

PARTIAL DENTURES:

UPPER LOWER

STANDARD ECONOMY TEMPORARY

CAST FRAMEWORK

ALL ACRYLIC WITH WIRE CLASPS

ALL ACRYLIC WITHOUT WIRE CLASPS

FLEXIBLE

RETURN: CAST FRAMEWORK BITE BLOCKS

WAX/TEETH TRY-IN FINISHED

TEETH: SHADE MOLD STANDARD ECONOMY

TEETH:	SHADE	MOLD	STANDARD	ECONOMY
ANTERIORS:				
POSTERIORS:				

ACRYLIC:

STANDARD PINK **OR** ETHNIC: LIGHT MEDIUM DARK

SPLINTS:

UPPER LOWER

TYPE: HARD ACRYLIC THERMAL FLEXIBLE SOFT

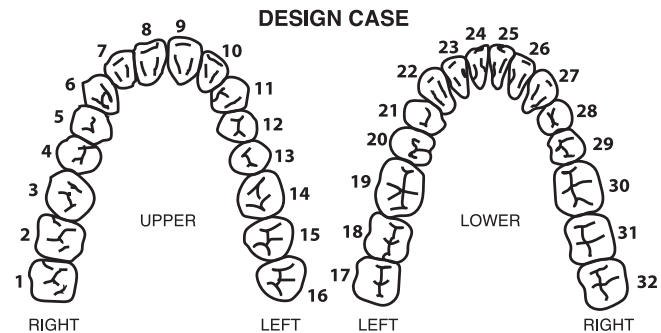
RETAINER RETAINER W/TEETH

REPAIRS / RELINES:

RELINE REPAIR FRACTURE JUMP/REBASE

ADD/REPLACE TEETH: _____

ADDITIONAL INSTRUCTIONS:



Dentist Signature _____

Date: _____ License No. _____



LIMITED WARRANTY / LIMITATION OF LIABILITY

Premier Dental Laboratory warrants **FIXED PROSTHETICS** for a period of two years from the date of original insertion. If a fixed prosthetic product fractures during this period, any repairs or replacement will be provided to the dentist at no charge (provided that the patient visits the dentist at least once a year during the warranty period and the restoration is placed with recommended materials).

Premier Dental Laboratory warrants **REMOVABLE PROSTHETICS** as follows:

- Cast partial frames for a period of five years from the date of original insertion (provided the patient visits the dentist at least once a year during the warranty period).
- Full dentures and acrylic/teeth on partial dentures for a period of one year from the date of original insertion.
- Wire and acrylic partials, occlusal splints and gasket partials for a period of six months from the date of original insertion.
- Immediate dentures and partials, flippers and repairs for a period of thirty days from the date of original insertion.

If a removable prosthetic product fractures during the warranty period, any repairs or replacement will be provided to the dentist at no charge.

The sole obligation of Premier Dental Laboratory shall be to repair or replace the product in question. We specifically disclaim any and all liability for any incidental or consequential damages that may be incurred by the patient.

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www.premierdentallab.com