

Rx FORM (CROWN & BRIDGE)



PREMIER DENTAL LAB

MAIN: (651) 453-0225

SEND TECHNICIAN TEXT: (612) 469-6029

SEND EMAIL: fixed@premierdentallab.com

SEND PHOTOS: fixed@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/BAGS

OTHER: _____

PLEASE CONTACT ME

CONTACT ME ONLY IF QUESTIONS

EMAIL: _____

TEXT: _____

PHONE: _____

CROWN TYPE:

ZIRCONIA (1200 MPa)

ZIRCONIA (850 MPa)

E.MAX

PFM

FULL CAST

LAB CHOICE

ALLOY TYPE:

NON-PRECIOUS

NOBLE

HIGH NOBLE

TOOTH #(s):

RETURN FOR DIE TRIM

ADDITIONAL INSTRUCTIONS:

SHADE / CHARACTERIZATION:

CROWN SHADE: _____

STUMP SHADE: _____

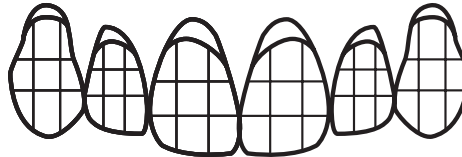
PHOTOS SENT TO:

FIXED@PREMIERDENTALLAB.COM

CUSTOM SHADE / STAIN

PATIENT CONTACT PHONE: _____

Indicate characterization-gingival shade, incisal shade, apical extent of each shade, translucent areas and surface texture.



CONTACTS:

OCCLUSAL: OPEN CLOSED

PROXIMAL: OPEN CLOSED

IF OCCLUSAL CLEARANCE IS TIGHT, OK TO TRIM OPPOSING? YES NO

IMPLANTS

BRAND: _____

SYSTEM: _____

SIZE: _____

ANALOG PROVIDED

SURGEON LETTER ENCLOSED/EMAILED

CUSTOM SCREW RETAINED:

TI-BASE

TITANIUM

GOLD HUE

LAB CHOICE

CUSTOM CEMENT RETAINED:

TITANIUM

GOLD HUE

LAB CHOICE

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.

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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