### FOR LAB USE ONLY

TELEPHONE CALL RECORD

DR	 _ DATE DUE IN OFFICE		
PATIENT NAME _			
RE:	 		
RESULT	 		
DATE OF CALL_	 	INITIALS.	
_	 	-	
_	 	-	

## TERMS AND WARRANTY INFORMATION

Please allow full working time for each product selected. Working times are <a href="NOT">NOT</a> guaranteed and do <a href="NOT">NOT</a> include weekends or holidays.

We honor VISA, MASTERCARD, AMEX and DISCOVER.

**TERMS:** Cost of collection of any account will be paid by the customer. All accounts are payable within 30 days of statement date. **Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance.** Prices subject to change without notice. Rx must be enclosed with original case submission.

LIMITED WARRANTY/LIMITATION OF LIABILITY. Pacific Edge Dental Laboratories ("the lab") warrants that all dental devices (a "device") are made according to your specification and approval in the belief that the device will be useful and MAKES NO OTHER WARRANTIES INCLUDING. BUT NOT LIM-ITED TO, ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. Subject to the return of a device that is placed and then fails, the lab will repair or replace the device without charge for the cost of materials and workmanship or refund the original price paid, at the lab's option, as follows: (1) screw-retained implant abutments up to 20 years (including replacement of a device that was made by the lab that was attached to said abutments and including an Inclusive® Tapered titanium dental implant upon request at no extra charge); (2) porcelain to metal, all ceramic, all metal, single-unit inlay, onlay and crown composite resin final prosthetics, and screw-retained crowns and implant bars, up to seven years; (3) composite resin bridges (excluding Maryland and inlay/onlay bridges) up to five years: (4) thermoformed appliances and splints if the failure is due to defects in materials or workmanship, provisionals, composite resin Maryland and inlay/onlay bridges, up to six months; (5) all other dental devices up to 30 days if the failure is due to defects in materials or workmanship. This Warranty is exclusively for your benefit, is not transferable and does not extend to any patients. You agree to pay all other costs of adjustment, repair and replacement of a device. Except where prohibited by law, the lab WILL NOT BE LIABLE FOR ANY LOSS OR DAMAGES ARISING FROM THE USE OF A DEVICE, WHETHER DIRECT, INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL. regardless of the theory asserted, including warranty, contract, negligence or strict liability and if such disclaimer is not permitted by law, the duration of any implied warranty is limited to 90 days from the

date of delivery. In the event of a dispute and absent an amicable resolution the parties mutually agree to waive class actions in favor of mandatory individual arbitration of claims under this limited warranty in and in accordance with the laws of California. The lab does not guarantee the performance of independent carriers

**<u>DENTISTS</u>**: There is no charge for one inbound and one outbound shipment per case.

Additional overnight shipments for die trims, tryins and reshades to a new shade will be charged at \$9 each way (contiguous U.S. only; shipping charge varies for Alaska, Hawaii and Puerto Rico).



1524 Lancaster Point Way • San Diego, CA 92154 800-889-9323 • Fax 800-229-3295

# Special PFM Rx Offer\*

- Carefully package your case, including this Rx, and tape box securely closed.
- 2. To schedule overnight shipping pickup, call us at 800-889-9323.
- 3. Please allow seven working days in lab.
- 4. Save \$30 per PFM unit with this Rx (up to 3 units per Rx). Use all four Rxs for 3 units each for a total savings of \$360!

Offer expires October 31, 2015

\*This personalized prescription is intended for the dentist and account number listed below. It is nontransferable. Limit one special offer per case. Offer applicable for a maximum of four specially priced Rxs per account for specified products only. No copies accepted. Special pricing not valid with any other offer.

Dr. Name Mrs. Joan Newcomb  Patient Name  First  Enclosed with case: Impressions Models Bite Photos Other: Delay	□ Male □ Female	SHADE NO TOOTH NO	OCCLUSAL STAINING None Light** Medium Dark
NOTE: Please send a study model on all work involving anterior teeth. COUPON CODE: \$30 off PFM — 10/31/2015 *ARJ357*  SAVE \$30 per PFM unit	SELECT PFM RESTORATION  Non-Precious**  White Noble  White High Noble  Captek YHN	PONTIC DESIGNATION OF THE PONTIC DESIGNATION	anitary Bullet
All restorations are handcrafted using <b>FDA-registered</b> dental alloys and ceramics.	INSTRUCTION FOR BUCCAL MARGIN  Metal-porcelain junction margin Porcelain butt margin  IF NO OCCLUSAL CLEARANCE	ANTERIOR METAL	DESIGN
Signature License #	☐ Call doctor ☐ Spot opposing ☐ Metal occlusion ☐ Metal island ☐ Make this a permanent note in my master file	Full porcelain coverage**  Porcelain with lingual metal collar  360° metal hairline ormm  Metal occlusal excluding buccal cu	

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Signature License #	☐ Call doctor ☐ Spot opposing ☐ Metal occlusion ☐ Metal island ☐ Make this a permanent note in my master file	Full porcelain coverage**  Porcelain with lingual metal collar  360° metal hairline ormm  Metal occlusal excluding buccal cu	

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