

IN-LAB WORKING TIME

Please allow full working time for each product selected.
Working times are NOT guaranteed and do NOT include weekends or holidays.
Rush service available on most products but must be prescheduled.

PFMs..... 5 working days

All rush cases must be prescheduled by calling **800-411-9723** before the case is shipped. Time of pickup and delivery may affect turnaround time.

FOR LAB USE ONLY ■ TELEPHONE CALL RECORD

DR. _____ ACCT. # _____

PATIENT NAME _____

RE: _____

RESULT _____

DATE DUE IN OFFICE _____

DATE OF CALL _____ INITIALS _____

TERMS AND WARRANTY INFORMATION

Only \$7 shipping per box *EACH* way (contiguous U.S. only; shipping charge varies for Alaska, Hawaii and Puerto Rico).

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. BDL Prosthetics ("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 LIMITED 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) Transition Crowns and Bridges® up to two years; (5) 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; (6) Smile Transitions™ and 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.



2181 Dupont Dr., Irvine, CA 92612

800-411-9723
Fax 800-471-9761
www.bdlprosthetics.com

Special PFM Rx Offer*

- Carefully package your case, including this Rx, and tape box securely closed.
- To schedule overnight shipping pickup, call us at **800-411-9723**.
- Save \$45 per PFM restorations (up to 3 units) with this special offer. Use all four prescriptions for 3 units each for a total savings of \$540.

Offer expires September 30, 2015. *This personalized prescription is intended for the dentist and account number listed. It is nontransferable. Price does not include round-trip overnight shipping (\$14 per box) or applicable taxes. No copies accepted. Limit one specially priced Rx per case. Special pricing not valid with any other offer.

AUTHORIZATION FOR LABORATORY PROCEDURE		SHADE NO. _____	OCCUSAL STAINING
Dr. Name <u>Mrs. Joan Newcomb</u> Acct. # <u>10-1111Z</u> Patient Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Age _____ Enclosed with case: <input type="checkbox"/> Impressions <input type="checkbox"/> Models <input type="checkbox"/> Bite <input type="checkbox"/> Photos <input type="checkbox"/> Other: _____ Deliver by 5 p.m. on _____		TOOTH NO. _____ 	<input type="checkbox"/> None <input type="checkbox"/> Light** <input type="checkbox"/> Medium <input type="checkbox"/> Dark
Rx COUPON CODE: \$45 Off PFM—9/30/2015 *DAD316* SPECIFIC INSTRUCTIONS NOTE: Please send a study model on all work involving anterior teeth. PLEASE WRITE TOOTH NUMBERS		SELECT PFM RESTORATION <input type="checkbox"/> Non-Precious <input type="checkbox"/> Semi-Precious <input type="checkbox"/> White High Noble <input type="checkbox"/> Captek YHN	PONTIC DESIGN Partial Ridge <input type="checkbox"/> Full Ridge <input type="checkbox"/> Sanitary <input type="checkbox"/> Bullet <input type="checkbox"/>
INSTRUCTION FOR BUCCAL MARGIN <input type="checkbox"/> Metal-porcelain junction margin <input type="checkbox"/> Porcelain butt margin		ANTERIOR METAL DESIGN <input type="checkbox"/> ** <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	POSTERIOR METAL DESIGN <input type="checkbox"/> Full porcelain coverage** <input type="checkbox"/> Porcelain with lingual metal collar <input type="checkbox"/> 360° metal hairline or _____mm <input type="checkbox"/> Metal occlusal excluding buccal cusp <input type="checkbox"/> Metal occlusal including buccal cusp **Standard unless specified otherwise
IF NO OCCUSAL CLEARANCE <input type="checkbox"/> Call doctor <input type="checkbox"/> Spot opposing <input type="checkbox"/> Metal occlusion <input type="checkbox"/> Metal island <input type="checkbox"/> Make this a permanent note in my master file			
Signature _____ License # _____ (see reverse for limited warranty details)			



*All Restorations
Made in the USA*

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IF NO OCCUSAL CLEARANCE <input type="checkbox"/> Call doctor <input type="checkbox"/> Spot opposing <input type="checkbox"/> Metal occlusion <input type="checkbox"/> Metal island <input type="checkbox"/> Make this a permanent note in my master file				
Signature _____ License # _____ <i>(see reverse for limited warranty details)</i>				



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