

TERMS AND WARRANTY INFORMATION

Please allow full working time for each product selected. Working times are NOT guaranteed and do NOT include weekends or holidays.

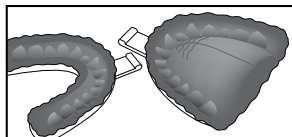
Only \$6 shipping per box EACH way (contiguous U.S. only; shipping charge varies for Alaska, Hawaii and Puerto Rico).

We honor VISA, MASTERCARD, AMEX and DISCOVER.

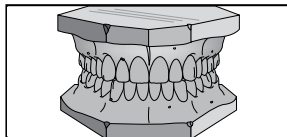
TERMS: All accounts are payable within 30 days of statement date. **Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance.** Prices subject to change without notice. Rx must be enclosed with original case submission.

LIMITED WARRANTY/LIMITATION OF LIABILITY: Las Vegas Digital Dental Solutions ("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) 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 Nevada. The lab does not guarantee the performance of independent carriers.

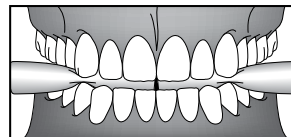
IMPRESSION AND BITE REGISTRATION GUIDELINES



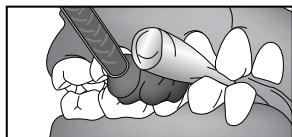
Take full-arch upper and lower impressions using alginate or VPS impression materials.



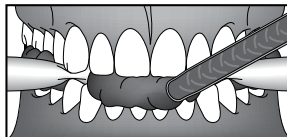
Pour wet alginate impressions with dental stone following the manufacturer's proper water-to-powder ratio before sending to lab with Rx.



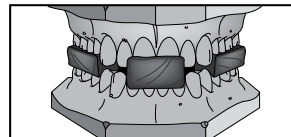
A quick bite technique is to place two cotton rolls behind the cusps and guide patient into centric relation.



With patient in open centric relation, inject bite registration into the posterior opening of both quadrants.



Next, inject bite registration into anterior opening to capture a complete open construction bite at centric relation.



Stone models mounted with open construction bite. Note the opening between anterior teeth.

LVDDS
LAS VEGAS DIGITAL DENTAL SOLUTIONS
6275 S. Pearl St. • Ste. 400 • Las Vegas, NV 89120
800-936-1848 • Fax 800-936-5161
www.lvddslab.com

Special Bite Splint Rx Offer*

1. Carefully package your case, including this Rx, and tape box securely closed.
2. To schedule overnight shipping pickup, call us at 800-936-1848.
3. Please allow four working days in lab.
4. You'll save \$20 on one bite splint with this Rx. Use all four prescriptions for one unit each for a total savings of \$80!

Offer expires September 30, 2015

*This personalized prescription is intended for the dentist and account number listed below. It is nontransferable. Price does not include round-trip overnight shipping (\$12 per box) or applicable taxes. 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.

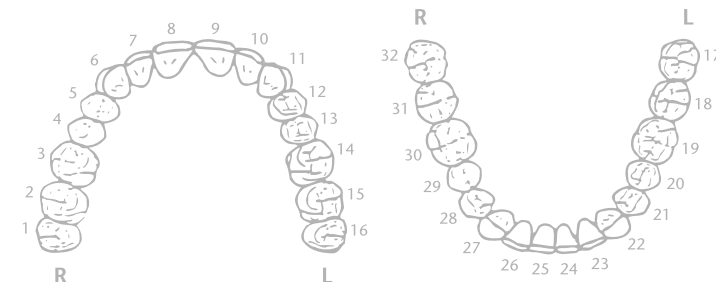
Dr. Name Mrs. Joan Newcomb Acct. # 10-11111Z

Patient Name _____ ☐ Male ☐ Female
First Last

Deliver by 5 p.m. on _____



COUPON CODE: \$20 off Bite Splint — 09/30/2015 *DBX026*



Upper and lower impressions or models with bite registration required

(CHOOSE ONE)

☐ Comfort H/S™ Bite Splint (hard/soft)

\$64 ... you pay \$44*

☐ Upper ☐ Lower

Color options:

☐ Clear** (–\$5) ☐ Blue
☐ Green ☐ Pink

☐ Comfort Bite Splint (hard)

\$54 ... you pay \$34*

☐ Upper ☐ Lower

Color options:

☐ Clear** (–\$5) ☐ Turquoise

**Standard unless specified otherwise

Enclosed with Case

☐ Impressions ☐ Models ☐ Bite

☐ Other: _____

Laboratory Use Only

By _____ Mail _____

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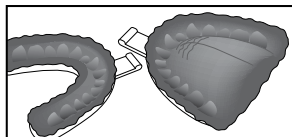
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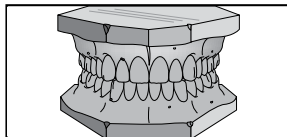
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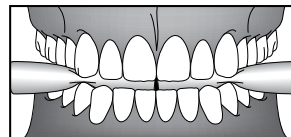
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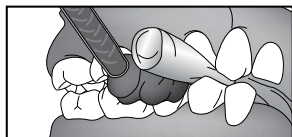
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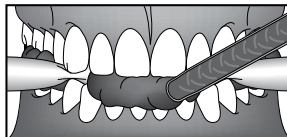
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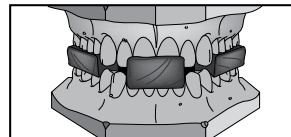
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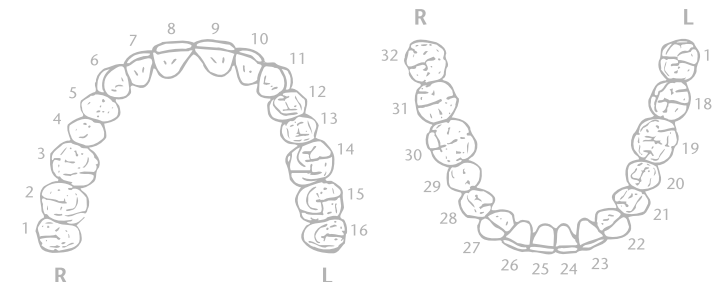
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By _____ Mail _____

Signature _____ License # _____
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