

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 \$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: 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. Riverside Dental Ceramics (“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) 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.

RIVERSIDE DENTAL CERAMICS USE ONLY TELEPHONE CALL RECORD

DR. _____

ACCT. # _____

PATIENT NAME _____

RE: _____

RESULT _____

DATE DUE IN OFFICE _____

DATE OF CALL _____ INITIALS _____



RIVERSIDE
Dental Ceramics

3974 Jurupa Ave.
Riverside, CA 92506
800-321-9943
Fax 866-861-7959

•SAVE•
\$45/unit

(up to 3
units)

Special PFM Rx Offer*

- Carefully package your case, including this Rx, and tape box securely closed.
- To schedule overnight shipping pickup, call us at 800-321-9943.
- Please allow five working days in lab.
- You'll save \$45 per unit (up to 3 units) with this Rx. Use all four prescriptions for 3 units each, and you will save \$540.

- OFFER EXPIRES OCTOBER 31, 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. To save money on shipping, include multiple cases in one box. Limit one special offer per case. No copies accepted. Offer applicable for a maximum of four specially priced Rxs per account for specified products only. Special pricing not valid with any other offer.*

Dr. Name **Dr. J. Michael Wilcox**

Acct. # **30-69215**

Patient Name

First

Last

☐ Male ☐ Female

Enclosed with case: ☐ Impressions ☐ Models ☐ Bite ☐ Photo ☐ Other: _____

Deliver by 5 p.m. on _____



COUPON CODE: \$45 Off PFM — 10/31/2015 *YR258*

NOTE: Please send a study model on all work involving anterior teeth.

SELECT PFM RESTORATION

- ☐ Non-Precious** ☐ Semi-Precious
☐ White High Noble ☐ Captek YHN

INSTRUCTION FOR BUCCAL MARGIN

- ☐ Metal-porcelain junction margin
☐ Porcelain butt margin

IF NO OCCLUSAL CLEARANCE

- ☐ Call doctor ☐ Spot opposing
☐ Metal occlusion ☐ Metal island
☐ Make this a permanent note in my master file

SHADE NO. _____

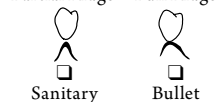
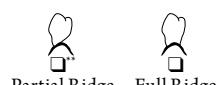
TOOTH NO. _____



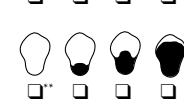
OCCLUSAL STAINING

- ☐ None
☐ Light**
☐ Medium
☐ Dark

PONTIC DESIGN



ANTERIOR METAL DESIGN



POSTERIOR METAL DESIGN

- ☐ Full porcelain coverage**
☐ Porcelain with lingual metal collar
☐ 360° metal hairline or _____ mm
☐ Metal occlusal excluding buccal cusp
☐ Metal occlusal including buccal cusp

**Standard unless specified otherwise



All Restorations
Made in California

Signature _____

(see reverse for limited warranty details)

License # _____

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 \$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: 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. Riverside Dental Ceramics (“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) 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.

RIVERSIDE DENTAL CERAMICS USE ONLY TELEPHONE CALL RECORD

DR. _____

ACCT. # _____

PATIENT NAME _____

RE: _____

RESULT _____

DATE DUE IN OFFICE _____

DATE OF CALL _____ INITIALS _____



RDC **RIVERSIDE**
Dental Ceramics

3974 Jurupa Ave.
Riverside, CA 92506
800-321-9943
Fax 866-861-7959

•SAVE•
\$45/unit

(up to 3
units)

Special PFM Rx Offer*

- Carefully package your case, including this Rx, and tape box securely closed.
- To schedule overnight shipping pickup, call us at 800-321-9943.
- Please allow five working days in lab.
- You'll save \$45 per unit (up to 3 units) with this Rx. Use all four prescriptions for 3 units each, and you will save \$540.

- OFFER EXPIRES OCTOBER 31, 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. To save money on shipping, include multiple cases in one box. Limit one special offer per case. No copies accepted. Offer applicable for a maximum of four specially priced Rx's per account for specified products only. Special pricing not valid with any other offer.*

Dr. Name **Dr. J. Michael Wilcox**

Acct. # **30-69215**

Patient Name

First

Last

☐ Male ☐ Female

Enclosed with case: ☐ Impressions ☐ Models ☐ Bite ☐ Photo ☐ Other: _____

Deliver by 5 p.m. on _____



COUPON CODE: \$45 Off PFM — 10/31/2015 *YR258*

NOTE: Please send a study model on all work involving anterior teeth.

SELECT PFM RESTORATION

- ☐ Non-Precious** ☐ Semi-Precious
☐ White High Noble ☐ Captek YHN

INSTRUCTION FOR BUCCAL MARGIN

- ☐ Metal-porcelain junction margin
☐ Porcelain butt margin

IF NO OCCLUSAL CLEARANCE

- ☐ Call doctor ☐ Spot opposing
☐ Metal occlusion ☐ Metal island
☐ Make this a permanent note in my master file

SHADE NO. _____

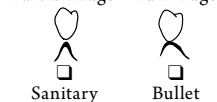
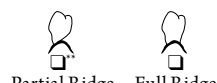
TOOTH NO. _____



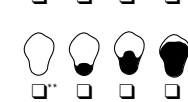
OCCLUSAL STAINING

- ☐ None
☐ Light**
☐ Medium
☐ Dark

PONTIC DESIGN



ANTERIOR METAL DESIGN



POSTERIOR METAL DESIGN

- ☐ Full porcelain coverage**
☐ Porcelain with lingual metal collar
☐ 360° metal hairline or _____ mm
☐ Metal occlusal excluding buccal cusp
☐ Metal occlusal including buccal cusp

**Standard unless specified otherwise



All Restorations
Made in California

Signature _____

(see reverse for limited warranty details)

License # _____