

DR. _____ DATE DUE IN OFFICE_____

PATIENT NAME _____

RE: _____

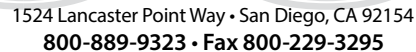
RESULT _____

DATE OF CALL _____ INITIALS _____

Please allow full working time for each product selected. Working times are NOT guaranteed and do NOT include weekends or holidays.
We honor VISA, MASTERCARD, AMEX and DISCOVER.

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 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

Additional overnight shipments for die trims, try-ins 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).



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

Patient Name _____ ☐ Male ☐ Female
First Last

Enclosed with case: ☐ Impressions ☐ Models ☐ Bite ☐ Photos ☐ Other: _____ Deliver by 5 p.m. on _____

Rx **NOTE:** Please send a study model on all work involving anterior teeth.
COUPON CODE: \$30 off PFM — 10/31/2015 *ARJ357*

1. 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!

***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 Rx's per account for specified products only. No copies accepted. Special pricing not valid with any other offer.**

SHADE NO. _____

TOOTH NO. _____



OCCLUSAL

☐ 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 are handcrafted
using **FDA-registered**
dental alloys and ceramics.*

U.S. Food and Drug Administration
Registration No. 3004749721

Signature _____ License # _____
(see reverse for limited warranty details)

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