

TERMS AND WARRANTY INFORMATION

We honor VISA, MASTERCARD, AMEX and DISCOVER.
All cases returned via overnight courier service.

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

Crown & Bridge Services7 days in lab
To schedule an in-office case pickup, call:
800-395-8205

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. Smith-Sterling 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 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 Florida. The lab does not guarantee the performance of independent carriers.

SMITH-STERLING USE ONLY
TELEPHONE CALL RECORD

DR. _____

ACCT. # _____

PATIENT NAME _____

RE: _____

RESULT _____

DATE DUE IN OFFICE _____

DATE OF CALL _____

INITIALS _____



DENTISTS: There is no charge for one inbound and one outbound shipment per case.

Additional overnight shipments for die trims, bisque bake, coping or framework try-ins, reshades to a new shade, and oversized articulators will be charged at \$11 per box each way (contiguous U.S. only; shipping charge varies for Alaska, Hawaii and Puerto Rico).

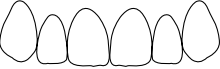


8880 NW 20th St. • Ste. C • Doral, FL 33172 • 800-395-8205 • Fax 800-471-9762
www.smithsterling.com • mail@smithsterling.com • FL LICENSE#: DL 10223

Special PFM Rx Offer*

- Carefully package your case, including this Rx, and tape box securely closed.
- To schedule your in-office case pickup, call 800-395-8205. See reverse for in-lab working time.
- Send this Rx with your next PFM case to receive \$30 off any PFM restoration (up to 3 units). Offer expires August 31, 2015. *This personalized prescription offer is intended for the dentist and account number listed. It is nontransferable. 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.

SHADE INSTRUCTIONS



Shade No. _____ Tooth No. _____

PONTIC DESIGN



OCCUSAL STAINING

- ☐ None ☐ Light**
☐ Medium ☐ Dark

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

PORCELAIN TO METAL

- ☐ Non-Precious** ☐ White High Noble
☐ White Noble

IF NO OCCUSAL CLEARANCE

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

Dr. Name Dr. Naveed Yousuf

Acct. # 60-YOUSUF

Patient Name _____
First Last

____Male ____Female Age _____

Enclosed with case: ____Impressions ____Models ____Bite ____Photos ____Other:_____

Deliver by 5 p.m. on _____



COUPON CODE: \$30 off PFM—08/31/2015 *GMD490*

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

Signature _____

License # _____

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PORCELAIN TO METAL

- ☐ Non-Precious** ☐ White High Noble
☐ White Noble

IF NO OCCUSAL CLEARANCE

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

Dr. Name Dr. Naveed Yousuf

Acct. # 60-YOUSUF

Patient Name _____
First Last

__Male __Female Age _____

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