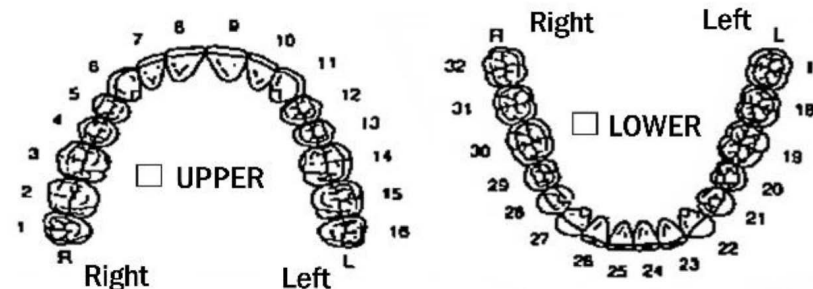


Dr: _____ Patient: _____
(First Name) (Last Name) (First Name)
Office: _____
Address: _____
City: _____ State: _____ Zip: _____ Prep Date: _____
Phone: _____ Fax: _____ Due Date: _____
E-mail: _____ Patient Appt Date: _____



Crown: ☐ Single ☐ Bridge

LAB USE

<input type="checkbox"/> One Case Only	<input type="checkbox"/> Articulator
<input type="checkbox"/> Crown Returned	<input type="checkbox"/> Implant Parts
<input type="checkbox"/> Dr. Shipping	<input type="checkbox"/> Coupons
<input type="checkbox"/> Dr. Setup	<input type="checkbox"/> Other: _____

DR. USE

<input type="checkbox"/> Send RX Forms
<input type="checkbox"/> Please Call
<input type="checkbox"/> Mailing Labels
<input type="checkbox"/> Other: _____

TOOTH: _____

SHADE: _____

PONTIC DESIGN:



OCCLUSAL STAIN: ☐ None ☐ Light ☐ Medium ☐ Dark

EMBRASURES: ☐ Open ☐ Close

BUCCAL MARGIN: (Metal-porcelain Junction Margin)

- ☐ No Metal Showing 360°
☐ Metal-Margin on Buccal (____mm)
☐ Porcelain Butt Margin

PREAUTHORIZED OCCLUSAL MODIFICATION

- ☐ Relieve Opposing ☐ Reduction Coping (Extra Charge Applies)

ALL-CERAMIC

- | | |
|--|---|
| <input type="checkbox"/> Full Contour Zirconia | <input type="checkbox"/> IPS e.max™ Pressed |
| <input type="checkbox"/> Porcelain Fused to Zirconia | <input type="checkbox"/> IPS e.max™ CAD |
| <input type="checkbox"/> Nano Ceramic | <input type="checkbox"/> IPS e.max™ ZirCAD |
| <input type="checkbox"/> 3M ESPE LAVA | <input type="checkbox"/> Non-Prep Veneer |

PFM

- ☐ Non-Precious
☐ Non-Precious (Ni-Be Free)
☐ Semi-Precious
☐ High Noble
☐ High Noble Yellow

FULL CAST CROWN

- ☐ Non-Precious
☐ Non-Precious (Ni-Be Free)
☐ Non-Precious Gold
☐ Semi-Precious
☐ Economy Yellow
☐ Noble Yellow
☐ High Noble Yellow

CADCAM

E-mail digital STL files to: **CADCAM@EDENTLAB.COM** with a completed RX.

OTHER

- ☐ Custom Tray
☐ Bleaching Tray
☐ Cast Post
☐ Acrylic Temps
☐ Add Patient Name

IMPLANT

- ☐ Custom Abutment
☐ Screw Retained
☐ Titanium Bar
☐ Soft Tissue model

REMOVABLE

Check all that apply ☐ Bite Block ☐ Setup Teeth ☐ Try-in
☐ Upper ☐ Lower ☐ Reset Teeth ☐ Finish

- | | |
|---|---|
| <input type="checkbox"/> Partial Framework (Standard) | <input type="checkbox"/> Full Denture |
| <input type="checkbox"/> PD2000 Framework (Premium) | <input type="checkbox"/> Nightguard Hard |
| <input type="checkbox"/> TCS™ / Flexible | <input type="checkbox"/> Nightguard Soft |
| <input type="checkbox"/> Valplast™ / Flexible | <input type="checkbox"/> Nightguard Combo |
| <input type="checkbox"/> Duraflex | <input type="checkbox"/> Nightguard Talon |
| <input type="checkbox"/> Duracetal™ Single Shade | <input type="checkbox"/> New Smile |
| <input type="checkbox"/> Duracetal™ Dual Shade | <input type="checkbox"/> EMA Appliance |
| <input type="checkbox"/> Stayplate Flipper | <input type="checkbox"/> TMJ Appliance |
| <input type="checkbox"/> Acetal Resin Partial | |

ORTHODONTIC APPLIANCE

- | | |
|--|---|
| <input type="checkbox"/> Hawley Retainer | <input type="checkbox"/> Lingual Arch (Cuspid to Cuspid Bondable) |
| <input type="checkbox"/> Wrap Around Retainer | <input type="checkbox"/> Lingual Arch (Molar to Molar) |
| <input type="checkbox"/> Rapid Palatal Expander (4 Band) | <input type="checkbox"/> Schwarz Appliance |
| <input type="checkbox"/> Rapid Palatal Expander (2 Band) | <input type="checkbox"/> Crossbite Appliance |
| <input type="checkbox"/> Space Maintainer | <input type="checkbox"/> Sagittal Appliance (2 Way) |
| *Please Specify Design | <input type="checkbox"/> Sagittal Appliance (4 Way) |

INSTRUCTIONS:

*Rush case must be prescheduled and may include an additional fee.

SIGNATURE: _____ LICENSE NO. _____

Customer must sign in the area indicated above before sending this Rx form (or a substitute thereof), to EDENT or EDTI Dental Solutions and in doing so Customer is deemed to have agreed to abide by the terms, conditions and policies set forth in the "terms and warranty information" section below. All accounts of Customer are payable within 30 days of a statement or invoice date. Account not paid within the stated terms will be subject to COD status and a late charge of 2.5% accruing on the unpaid balance for the duration it remains unpaid. Customer will be responsible for any and all of EDENT or EDTI Dental Solutions' costs related to the collection of delinquent Customer balances, including any and all legal fees.

TERMS AND WARRANTY INFORMATION

Shipping fee is within the 48 contiguous United States only; additional shipping charge varies for Alaska, Hawaii, and Puerto Rico.

For all California residents, please note that all the products will incur a California State Tax. For more information, please visit <http://www.boe.ca.gov/cgi-bin/rates.cgi>

We honor credit cards from **Visa** and **MasterCard** only.

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 **2.5%** of the unpaid balance. In the event the E-Dent or EDTI Dental Solution engages any third parties to collect any outstanding monies owed by the business specified above (the "Customer"), then the undersigned agrees to pay E-Dent or EDTI Dental Solution's reasonable collection costs, including attorney fees, whether or not litigation has commenced against Customer, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the Customer and legally bind Customer to the terms, conditions and obligations set forth herein. Product and alloy prices are subject to change without notice, and may be reflected in E-DENT or EDTI Dental Solution's statements and invoicing, accordingly. Rx must be enclosed with original case submission.

LIMITED WARRANTY/ LIMITATION OF LIABILITY. E-Dent or EDTI Dental Solution warrants that all dental services or devices (a "service" or a "device") are made expressly according to your specifications 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.** In the event of Customer's return of a device that is shipped to you and fails to perform as expressly intended per your specifications, E-Dent or EDTI Dental Solution may elect, in its sole discretion, to (i) repair or replace the device without charging the Customer for the cost of materials and workmanship/labor or (ii) refund the original price paid, at E-Dent or EDTI Dental Solution's sole option, as follows: (1) titanium abutments (excluding abutments with angulations greater than 20 degrees), up to one year (if the failure is caused by the failure of the dental implant, a replacement will be provided upon request); (2) porcelain fused to metal, full metal, single-unit inlay/ onlay, and crown composite resin final prosthetics (excluding mutually opposing implant-supported full arch bridges), milled implant bars, and screw-retained abutments (excluding abutments with angulations greater than 20 degrees), up to one year; (3) composite resin crowns (excluding Maryland and inlay/ onlay bridges) up to one year; (4) Framework only up to one year; (5) dentures and partials including screw-retained dentures (excluding immediate dentures and partials) up to one year if the failure is due to defects in materials or workmanship; (6) thermoformed appliances, composite resin Maryland and inlay/ onlay bridges, if the failure is due to defects in materials or workmanship up to six months; (7) New Smile cosmetic appliances up to thirty days; (8) confirmation jigs, veneers, IPS e.max, immediate dentures and partials, orthodontic appliances, flippers, retainers, surgical guides, and all other dental devices up to thirty days if the failure is due to defects in materials or workmanship. All warranties are warranted only if the failure is due to defects in materials or workmanship. You agree to pay all other costs of adjustment, repair and replacement of a device. Except where prohibited by law, E-Dent or EDTI Dental Solution **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 30 days from the invoice date. 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. E-Dent or EDTI Dental Solution does not guarantee the performance of independent carriers. Customer shall indemnify and hold harmless E-Dent or EDTI Dental Solution and all its partners, owners, officers, employees, contractors and agents ("Indemnified Parties") against any and all claims, losses, liabilities, expenses or damages to property or person arising from Customer's use of any service or device provided by E-Dent or EDTI Dental Solution.

E-Dent or EDTI Dental Solution provides dental laboratory services or devices (a "service" or a "device") in the belief that such devices will be useful but **WITHOUT ANY WARRANTY**—without even the implied warranty of **MERCHANTABILITY or FITNESS FOR A PARTICULAR PURPOSE** except that, subject to the return of devices that are placed and then fail, the lab will, in its sole discretion, either repair or replace such devices without charge for the lab's cost of materials and workmanship for a period of thirty (30) days from the invoice date (hereafter referred to as the lab's "remake warranty"). The remake warranty does not cover breakage resulting from accident or misuse. The lab's remake warranty is the lab's sole obligation and the client's sole remedy. This Warranty is exclusively for your benefit, is not transferable and does not extend to any patients. You agree to pay all other costs, such as but not limited to the cost of preparation or veneering. You agree to indemnify and hold the lab harmless from and against any claim or demand, including reasonable attorneys' fees, made by any third party due to or arising out of your use of said devices. You acknowledge that limitations on liability are a usual part of business-to-business relationships, and a common practice in the dental industry, and that such limitations as specifically stated above are relied upon by the lab when establishing the cost of providing dental laboratory services to your order. All matters arising from said relationship shall be interpreted and enforced in accordance with the laws of California.

For the most up to date version please email: **INFO@EDENTLAB.COM**

FEE SCHEDULE

Please allow 10 full working days for all products. Please note the working time starts once the case is received in lab. Working times are not guaranteed and do not include weekends or holidays. Rush services are available for an additional fee on most products but must be prescheduled. All rush cases must be prescheduled by calling Customer Service before the case is shipped. The time of pickup and delivery may affect the turnaround time.