

DATE REQUIRED	MON	TUE	WED	THUR	FRI

* Please Do Not Count Saturdays, Sundays, Holidays or Days in Transit as Work Days.

Dr. _____ Date _____

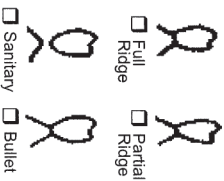
Patient _____ Age _____ M F Shade _____



CHARACTERIZATIONS

PONTIC DESIGN

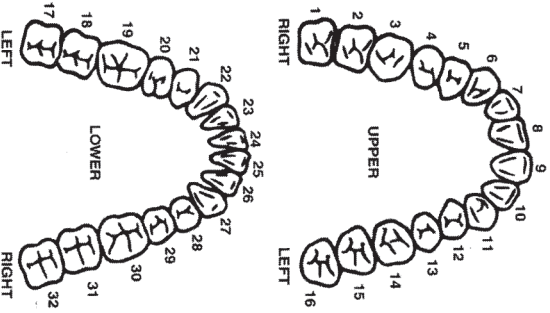
- FULL METAL CROWN
- FBN SP 2% Gold 51% Gold
- PFM CROWN
- NP/FBN SP/NOBEL PREC
- METAL/FRAMEWORK TRY-IN
- "EMAX"
- FULL ZIRCONIA / BRUXER
- HT (HIGH TRANSLUCENCY)
- XT (EXTRA TRANSLUCENCY)
- MULTI LAYERED



ANTERIOR DESIGN

- PROVISIONAL PMMA
- DENTURES / PARTIALS
- WRITE INSTRUCTIONS BELOW:
- Dental Coping All Porcelain Coverage
- Metal Coping
- Metal Coping with Excluding Buccal Cusp
- Metal Coping with Margin All Around
- Metal Coping with Margin & Collar
- Metal Occlusal Excluding Buccal Cusp
- Metal Occlusal Including Buccal Cusp

PLEASE INCLUDE STUDY MODELS AND IMPRESSION TRAY WHEN POSSIBLE. FULL ARCH REQUESTED ON 4 OR MORE UNITS.



Rx Instructions: MOLD

- Porcelain
- Plastic

Dentist's Signature _____

License # _____

- Enclosed : Articulator Shade Guide Other _____
Send Supplies : Labels Boxes Rx _____

SEE REVERSE SIDE FOR TERMS AND CONDITIONS



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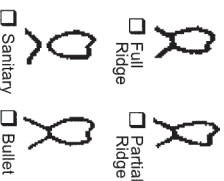
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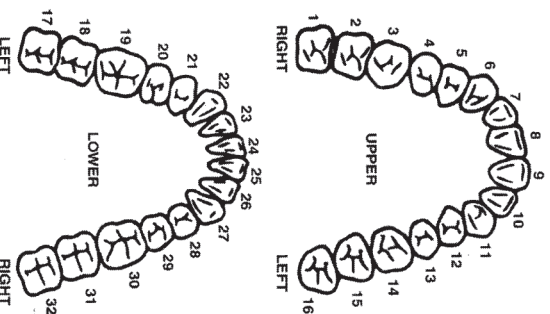
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TERMS AND CONDITIONS

This prescription evidences a contract for the sale and delivery of the specially manufactured goods mentioned herein, and subject to the following terms and conditions.

- 1 Client agrees to pay in full the stated price of the goods, plus any late payment penalties, plus all the cost of collection including attorney's fees if any.
- 2 Payment due in full after receipt of goods. A late penalty of 2% per month shall be charged on unpaid balance 30 days after receipt of monthly statement.
- 3 Each order or work authorization filed, or appliance made, constitutes a complete and separate transaction to be billed and collected as such. Acceptance of new orders by DK Dental Laboratory shall represent any accord and satisfaction and shall not relieve Customer of any indebtedness to DK Dental Laboratory.
- 4 DK Dental Laboratory may from time to time require a deposit or ship goods C.O.D.
Any use, sale, transfer, modification of the appliance or failure to reasonably notify and return the appliance within 14 days to DK Dental Laboratory shall constitute acceptance.
- 6 Any defects in returned goods must be particularized and DK Dental Laboratory retains the right to effect cure of the defect.
7. Client dentist must examine all appliances and determine their fitness for any intended usage. THERE ARE NO EXPRESS WARRANTY AND NO IMPLIED WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE GIVEN BY DK Dental Laboratory.
8. This transaction shall be governed by the laws of Ohio. Acceptance of the goods constitutes acceptance of all items and conditions herein. This writing evidences the complete and final expression of the agreement.

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