

LICENSE #:	PHONE:	DATE DUE
PATIENT:	SEX: AGE:	/ /
SPECIAL INSTRUCTIONS:		TIME NOTICE SENT
		CALL BY
		LAB/USE O/NLY
		SPOKE WITH
		LAB USE ONLY
		NEW DATE
		LAB/USE O/NLY
		ACCT. #:
SIGNATURE.		
SIGNATURE: TOOTH NUMBERS: 1 2 3 4 5 6 7 8 9	0 10 11 12 17 14 15 16 17 10 10 20 21	22 27 24 25 26 27 29 20 70 71 72
1001H NUMBERS. 1 2 3 4 5 6 7 8 8		22 23 24 25 20 27 20 29 30 31 32
ZIRCONIA ZIRLITE SOLID ZIRCONIA™	— CROWN AND BRIDGE — OPTIC TRANSLUCENT ZIRCONIA™	BRUXZIR™ METHOD PFZ
IPS E.MAX IPS E.MAX® (full contour/veneer)	ALL CERAMIC VENEERS MAX VENEER	RS
	DESIGN REQUIREMENTS	
LEVEL OF AESTHETICS	SHADE MAPPING	
ESSENTIAL LINE* STUDIO LINE (UPGRADE)	BASIC SHADE	_ STUMP SHADE
CHARACTERIZATION GUIDE		
OCCLUSAL STANING: NONE LIGHT* MED	IUM DARK INCISAL TRANSLUCENCY:	NONE LIGHT* MEDIUM HEAV
PONTIC DESIGN	MARGIN DESIGN	
HIGH-WATER SANITARY MODIFIED*	RIDGE LAP OVATE LABIAL 360 PO	RCELAIN PORCELAIN FULL LINGUAL
PORCLAIN TO MARGIN* LINGUAL COLLA	R FULL COLLAR OCCLUSAL (Exc	cluding cusp) OCCLUSAL (Including cusp)
	— IMPLANTOLOGY —	
CUSTOM IMPLANT ABUTMENTS HYBRID (Z	Zirconia abutment w/titanium base)	IUM MILLED TITANIUM IMPLANT BAR
SCREW-RETAINED CROWNS ZIRLITE	SCREW-RETAINED OPTIC SCREW-RETAINE	ED METHOD PFZ SCREW-RETAINED
	CUSTOM ABUTMENT	
SYSTEM	SIZE	
ABUTMENT MARGIN DEPTH		
FACIAL LINGUAL	MESIAL	DISTAL
ABUTMENT MARGIN DESIGN	MESIAL	
	ACEMENT NO TISSUE DISPLACEMEN	ABUTMENT EMERGENCE PROFILE IT SHOULDER CHAMFER
	L. ISE. IEITI	GHAMPER
SORGICAL PLACEMENT 11330E DISPL	DITE COLINTS	
COMFORT H/S SPL	— BITE SPLINTS — INT ASTRON CLEARSPLINT	GELB/MORA

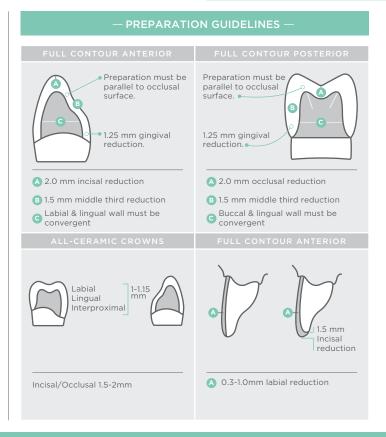


ADDITIONAL INFORMATION®

— IN-LAB WORKING TIMES —

Please allow full working time for each product selected. Working times are not guaranteed. Working times do not include days in transit, weekends, or holidays. Please call ahead to preschedule any rush cases.

PRODUCT TYPE	DAYS
CONTOUR	3-5
PFZ (PORCELAIN-FUSED-TO-ZIRCONIA)	5
IPS E.MAX	5
EMAX VENEERS	7
ZIRO VENEERS	7
BITE SPLINTS/MOUTH GUARD	4
CUSTOM IMPLANT ABUTMENTS	5
DIAGNOSTIC WHITE WAX	5
DIGITAL TEMPS	5
ANTERIOR CROWNS	+2
FOUR UNITS OR MORE	+2
COMBO CASE - FULL TIME IN LAB FOR EACH MATERIAL TYPE	СОМВО



- IMPLANT COMPATIBILITY -

CUSTOM TITANIUM AND HYBRID ABUTMENT

ASTRA TECH DENTAL †
OSSEOSPEED †
BIOMET 3I †
CERTAIN †

KEYSTONE DENTAL †
PRIMACONNEX †
NOBEL BIOCARE †
BRANEMARK SYSTEM †

NOBELACTIVE †
NOBELREPLACE †
STRAUMANN †
BONE LEVEL †

NEOSS †
ZIMMER DENTAL †
SCREW-VENT †

— TERMS AND WARRANTY INFORMATION —

For your convenience we accept VISA, MASTERCARD and AMERICAN EXPRESS for payment of your balance. Payment Terms: To open an account a valid card must be on file. Payment Preference and Account Authorization forms must be completed and signed to activate account. See forms for complete payment terms.

LIMITATION OF LIABILITY: THE CUSTOMER FURTHER ACKNOWLEDGES THAT METHOD DENTAL LAB (THE COMPANY) DOES NOT AND CANNOT WARRANT THE PERFORMANCE OR RESULT THAT MAY BE OBTAINED BY USING THE PROSTHESES. THE CUSTOMER ACKNOLEDGES THAT IN NO EVENT WILL THE COMPANY BE LIABLE TO ANY PARTY, INLCUDING BUT NOT LIMITED TO PATIENTS OF THE CUSTOMER (DENTIST OR CONTRACTING LABORATORY) FOR ANY DAMAGES RESULTING FROM ANY USE OF THE PROSTHESES OR OTHERWISE, INCLUDING BUT NOT LIMITED TO, INCIDENTAL OR CONSEQUENTIAL DAMAGES, WHETHER CLAIMED BY THE CUSTOMER, ANY PATIENT OF THE CUSTOMER, OR ANY OTHER PARTY. IN ADDITION, THE CUSTOMER UNDERSTANDS THAT NO PATIENT OF THE CUSTOMER, OR AN OTHER PERSON NOT A PARTY OF THIS AGREEMENT, WILL BE CONSIDERED A THIRD-PARTY BENEFICIARY TO THIS AGREEMENT AND THAT NO SUCH PERSON WILL BE ABLE TO ENFORCE AGAINST THE COMPANY ANY REPRESENTATIONS OR WARRANTIES, IF ANY, HEREING OR BY THE CUSTOMER TO SUCH PATIENT.

- LAB USE ONLY -

DATE IN	BY
IMPRESSION(S)	
BITE(S)	
UPPER/LOWER MODEL(S)	
DIE(S)	SOFT TISSUE
PHOTO(S)	OTHER
IMPLANT PARTS IN	
ANALOG(S)	TRANSFER(S)
JIG(S)	SURGICAL STENT
SCREW(S)	ATTACHMENT(S)
ABUTMENT(S)	
IMPLANT TOOL(S)	

DATE OUT	BY
CROWN(S)	
PARTIAL(S)	
DENTURE(S)	
ABUTMENTS	
INVENTORY OUT ANALOG(S)	TRANSFER(S)
	TRANSFER(S) SURGICAL STENT
ANALOG(S)	
ANALOG(S) JIG(S)	SURGICAL STENT
ANALOG(S) JIG(S) SCREW(S)	SURGICAL STENT

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