

ORDERFORM

PRACTICE:	DATE DUE
DOCTOR:	/ /
PHONE:	DELIVERY BY 5PM
ADDRESS:	LAB USE ONLY
CITY:	/ /
PATIENT:	TIME NOTICE SENT

SPECIAL INSTRUCTIONS:

STUMP SHADE
FINAL SHADE

PRODUCTS CROWN & BRIDGE

<input type="checkbox"/> ZIRLITE™ 4Y Monolithic Zirconia 1250mpa / 48% translucency	<input type="checkbox"/> OPTIC™ 5Y Monolithic Zirconia 700mpa / 52% translucency	<input type="checkbox"/> E.MAX™ 300MPA / 45%-52 Translucency
<input type="checkbox"/> ZIRLITE™ Multi 4Y/5Y Multi Layered Zirconia 750-1250mpa / 44%-49 translucency	<input type="checkbox"/> ZIRMAX™ 3Y Monolithic Zirconia 1450mpa / 45% translucency	<input type="checkbox"/> 2 Gold 2% Gold, 34.5% Silver, 32.7% Palladium <input type="checkbox"/> 40 Y Gold 39.9% Gold, 45.99% Silver, 4% Palladium <input type="checkbox"/> 58 Gold 58% Gold, 27% Silver

PRODUCTS IMPLANT CROWN

IMPLANT INFORMATION: Manufacturer _____ System _____ Size _____	MATERIAL SELECTION: <input type="checkbox"/> ZIRLITE™ <input type="checkbox"/> ZIRLITE™ Multi <input type="checkbox"/> OPTIC™ <input type="checkbox"/> OPTIC™ Multi <input type="checkbox"/> ZIRMAX™ <input type="checkbox"/> E.MAX™ <small>*Not available with screw access implants</small>	RETENTION TYPE: <input type="checkbox"/> SCREW-RETAINED <input type="checkbox"/> CEMENT-RETAINED <input type="checkbox"/> TITANIUM <input type="checkbox"/> HYBRID <input type="checkbox"/> SCREWMENTABLE <input type="checkbox"/> TITANIUM <input type="checkbox"/> HYBRID
--	--	--

PRODUCTS REMOVABLES

3D BITE SPLINT <input type="checkbox"/> UPPER <input type="checkbox"/> LOWER	DIGITAL DENTURE: <input type="checkbox"/> UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> TRY-IN <input type="checkbox"/> FINISH	DENTURE BASE SHADE: <input type="checkbox"/> ORIGINAL <input type="checkbox"/> LIGHT <input type="checkbox"/> LIGHT REDDISH PINK <input type="checkbox"/> DARK REDDISH PINK
<input type="checkbox"/> DIGITAL TEMPS <input type="checkbox"/> DIGITAL DIAGNOSTIC	MISCELLANEOUS: <input type="checkbox"/> WAX RIM <input type="checkbox"/> CUSTOM TRAY	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

SIGNATURE: _____ LICENSE #: _____

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

DAYS IN LAB

ZIRLITE™ / OPTIC™ / ZIRLITE™ Multi

5

BITE SPLINTS / MOUTH GUARDS

4

FULL GOLD (MILLED)

5

IMPLANTS NON OEM

5

ANTERIOR / 4 OR MORE UNITS

+2

MODEL-FREE

3

DIGITAL DENTURE

7

E.MAX™

7

LAB USE ONLY

DATE
INVENTORY IN
IMPRESSION
BITE REGISTRATION
MODEL

BY	
IMPLANT PARTS IN	
ANALOG	TRANSFER
SCREW	ABUTMENTS
OTHER	

TERMS AND WARRANTY INFORMATION

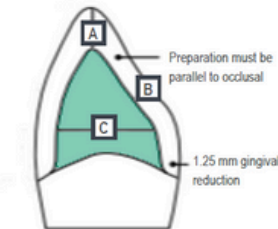
For your convenience we accept CASH, CHECK, VISA, MASTERCARD and AMERICAN EX-PRESS for payment of your balance. Payment Terms: To open an account, a valid credit card must be on file. Payment Preference and Account Authorization forms must be completed and signed to activate account. See forms for complete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

Forms can be downloaded at: methoddental.com/resources/payment-policy.

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 PROTHESES, THE CUSTOMER ACKNOWLEDGES THAT IN NO EVENT WILL THE COMPANY BE LIABLE TO ANY PARTY, INCLUDING BUT NOT LIMITED TO PATIENTS OF THE CUSTOMER (DENTIST OR CONTRACTING LABORATORY) FOR ANY DAMAGES RESULTING FROM ANY USE OF THE PROTHESES OR OTHERWISE, INCLUDING 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 ANY OTHER PERSON NOT A PARTY TO 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, HEREIN OR BY THE CUSTOMER TO SUCH PATIENT.

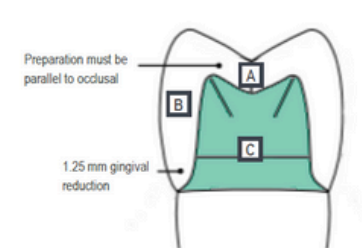
Preparation Guidelines

Full Contour Anterior



- A. 1.5 mm incisal reduction
- B. 1.5 mm middle third reduction
- C. Labial and lingual wall must be convergent

Full Contour Posterior



- A. 1.5 mm occlusal reduction
- B. 1.5 mm middle third reduction
- C. Buccal and lingual wall must be convergent