
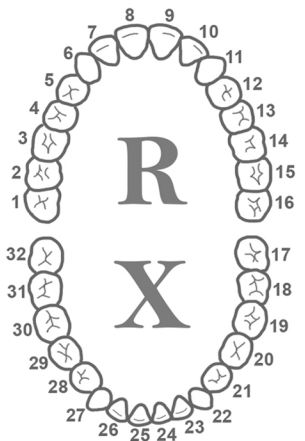








PAN #	Office:	Dr. Name:	 877.388.4362 1097 N. Batavia St. Orange, CA 92867
	Patient Name:	Male / Female	
LAB USE ONLY	MRN:	Sent Date: Due Date:	

Tooth #:	Product:	Final Shade: <small>*Include type of shade guide</small>	Stump Shade: <small>*Required for all ceramics</small>
		DIAGRAM IF NECESSARY	

SIGNATURE _____ DR. LICENSE # _____

	<input type="checkbox"/> DIE TRIM 3 DAYS <input type="checkbox"/> METAL TRY-IN 5 DAYS <input type="checkbox"/> BISQUE TRY-IN 7 DAYS <input type="checkbox"/> FINISH 7 DAYS CONTACT <input type="checkbox"/> TIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> LIGHT OCC. BITE <input type="checkbox"/> TIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> LIGHT IF NO OCCLUSAL CLEARANCE: <input type="checkbox"/> Metal Occ. / Island <input type="checkbox"/> Reduction Coping <input type="checkbox"/> Spot Opposing <input type="checkbox"/> Call Dr. OCCLUSAL STAINING: <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> DARK
	<input type="checkbox"/> PORCELAIN BUCCAL MARGIN 90 degree shoulder required <input type="checkbox"/> NO METAL SHOWING (DEFAULT) <input type="checkbox"/> METAL COLLAR LINGUAL <input type="checkbox"/> METAL OCCLUSAL EXCL. BUCCAL CUSP <input type="checkbox"/> METAL OCCLUSAL INCL. BUCCAL CUSP <input type="checkbox"/> 1/4 METAL LINGUAL <input type="checkbox"/> 3/4 METAL LINGUAL PONTIC     

LAB USE ONLY		ALL CERAMICS 7 DAYS	IMPLANTS 12 DAYS
I _____		<input type="checkbox"/> ZirStar (Full Zirconia) <input type="checkbox"/> ZirStar X5 (Aesthetic Zirc.) <input type="checkbox"/> GALAXY (Layered Zirconia) <input type="checkbox"/> Lithium Disilicate <input type="checkbox"/> LAVA™	<input type="checkbox"/> ZirStar (default) <input type="checkbox"/> ZirStar X5 <input type="checkbox"/> Lithium Disilicate <input type="checkbox"/> GALAXY <input type="checkbox"/> *SEMI <input type="checkbox"/> NON PRECIOUS <input type="checkbox"/> *YELLOW HN <input type="checkbox"/> *WHITE HN <input type="checkbox"/> LAVA™
F _____			
B _____			
SM _____		VENEERS 7 DAYS	INLAYS / ONLAYS 6 DAYS
		<input type="checkbox"/> Lithium Disilicate	<input type="checkbox"/> Lithium Disilicate
PAR _____		IDOC PERFECT TEMPS 6 DAYS	DIAGNOSTIC WAX UP 6 DAYS
		<input type="checkbox"/> Regular <input type="checkbox"/> Wire Reinforced <input type="checkbox"/> Over Implants	<input type="checkbox"/> PLAIN WHITE
OC _____			<small>*PLUS GOLD CHARGE AT MARKET VALUE</small>

Implant Manuf. : _____
 Implant SKU # : _____

komplett
IMPLANT PACKAGE

Implant crown of your choice, custom abutment, lab analog, and lab screw

Custom Abutment

TITANIUM
 SCREW RETAINED

FixFree Implants

*Implant fixture (ADDPLANT) crown of your choice, custom abutment, lab analog, & lab screw

*Implant fixture will be provided upon request for your implant cases

Fixed Hybrid ALL-ON-X

TITANIUM + ACRYLIC
 TITANIUM + FULL ZIRCONIA

NET 15 DAYS. 2% SURCHARGE OVER 15 DAYS. CUSTOMER AGREES TO TERMS & POLICIES AS STATED ON REVERSE

REMOVABLES

FULL & PARTIAL DENTURES

DIGITAL PRINT DENTURE
 REGULAR FULL DENTURE
 ALL NATURAL FULL DENTURE
 REGULAR PARTIAL DENTURE
 VALPLAST® PARTIAL (METAL FREE)
 VALPLAST® COMBO W/ METAL FRAME


TRY-IN STAGE (PREMIUM TEETH AVAILABLE) 6 DAYS	MOUTH GUARDS 6 DAYS
<input type="checkbox"/> BITE BLOCK 5 DAYS	<input type="checkbox"/> SOFT NG
<input type="checkbox"/> FRAMEWORK 10 DAYS	<input type="checkbox"/> HARD NG
<input type="checkbox"/> FRAME W/ WAX RIM 12 DAYS	<input type="checkbox"/> BIOFLEX
<input type="checkbox"/> TEETH SET UP 6 DAYS	<input type="checkbox"/> HARD/SOFT NG
<input type="checkbox"/> RETRY-IN 5 DAYS	<input type="checkbox"/> SPORTSGUARD
<input type="checkbox"/> FINISH 7 DAYS	

MISCELLANEOUS

CUSTOM TRAY 5 DAYS STAYPLATE 10 DAYS
 SURGICAL STENT 7 DAYS BLEACHING TRAY 4 DAYS
 EMA® SLEEP APNEA DEVICE (ELASTIC MANDIBULAR ADVANCEMENT)

OVERDENTURE

LOCATOR BAR (TITANIUM)
 LOCATOR

CERTIFIED DENTAL LABORATORIES

 WWW.IDOCENTALLAB.COM

IDOC
DENTAL LAB, INC.
877.388.4362
1097 N. Batavia St.
Orange, CA 92867

IN-LAB WORKING TIMES (Shipping not included)
Please allow for the full working time on each type of product in the case. Working times do **NOT** include Holidays and Weekends. Rush services available on most products, please call ahead to schedule a rush case.

FIXED
Crowns & Bridges—7 Business Days
Inlays / Onlays—6 Business Days
Full Cast—4 Business Days
Implants*—12 Business Days
*Design fee may apply, depending on the case.

REMOVABLES
Wax Try In—5 Business Days
Wax & Frame Try In—12 Business Days
Teeth Try In—6 Business Days
Process to Finish—7 Business Days
Stayplates (4 teeth, 2 clasps)—10 Business Days

Miscellaneous
Perfect Temps—6 Business Days
Diagnostic Wax Up—5 Business Days
Shade Change—4 Business Days
Add Porcelain—4 Business Days
Rush Service Available

IDOC DENTAL LAB, INC. TERMS & POLICIES

Payment Terms - All invoices are due within fifteen (15) days from the invoice date. Any unpaid balance shall accrue a late charge of 2% per month (24% annually), or the maximum rate permitted by law, whichever is less.
Collection & Attorney Fees - In the event of non-payment, the customer agrees to pay all costs of collection, including but not limited to reasonable attorney's fees, court costs, and collection agency fees incurred by IDOC Dental Lab, Inc.
Default - Past due accounts may be placed on C.O.D. status and may require prepayment for all future orders.
Right to Suspend Service - IDOC Dental Lab, Inc. reserves the right to suspend or refuse service on any delinquent account until all outstanding balances are paid in full.
Warranty - Fixed restorations are warranted for remake for a period of three (3) years, veneers for two (2) years, and removable appliances for six (6) months from the date of delivery, provided the restoration or appliance has not been altered, damaged, or improperly handled after delivery.
 Digital scans that are sent to IDOC Dental Lab, Inc. are guaranteed by the treating doctor; remakes from digital scans will be charged at full price and the doctor will be notified of applicable charges prior to fabrication.
 This warranty is limited solely to the repair or replacement of the original product and does not include refunds, credits, or reimbursement of any kind.
 This warranty does not cover normal wear, misuse, accidents, improper case design, improperly scanned digital cases, inadequate tooth preparation, insufficient reduction, occlusal discrepancies, parafunctional habits (including bruxism), or failure due to patient related conditions.
 This warranty also does not cover shade dissatisfaction, esthetic preference changes, or subjective expectations once the case has been approved and delivered.
 Implant components, attachments, and third party materials are not covered under this warranty.
 All remake requests must be accompanied by the original case and returned within the applicable warranty period.
Limitation of Liability - IDOC Dental Lab, Inc. shall not be liable for any indirect, incidental, special, or consequential damages, including but not limited to chair time, patient dissatisfaction, or loss of business. Liability, if any, shall strictly be limited to the cost of the product provided.
Shipping - IDOC Dental Lab, Inc. covers one-way shipping from the laboratory to the customer. All incoming shipping costs to the laboratory, including cases, remakes, or returns, are the responsibility of the customer unless otherwise agreed in writing. IDOC Dental Lab, Inc. is not responsible for delays, loss, or damage caused by third-party carriers.
Governing Law - These terms shall be governed by and construed in accordance with the laws of the State of California. Any legal action arising out of or relating to these terms shall be brought exclusively in the courts located in Orange County, California.
Personal Guarantee - The licensed dentist of record (or authorized owner/principal of the dental practice) on whose behalf cases are submitted agrees to personally guarantee full and timely payment of all charges incurred with IDOC Dental Lab, Inc. This guarantee is binding regardless of which staff member physically submits the case.
Acceptance - Submission of any case to IDOC Dental Lab, Inc. constitutes acceptance of these Terms and Policies by the customer and the personal guarantor identified above.

PREPARATION GUIDELINES

ANTERIOR

POSTERIOR

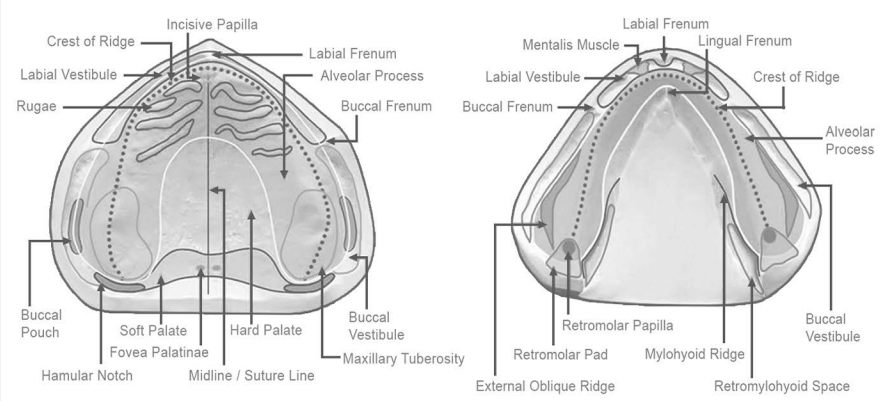
VENEER

INLAY

ONLAY

DENTURE LANDMARKS

Please capture at least five landmarks per arch. Any less may result in an inferior appliance



Maxilla:

- Buccal/Labial Vestibule
- Rugae
- Tuberosity
- Hamular Notch
- Full Palate

Mandible:

- Buccal/Labial Vestibule
- Crest of the Ridge
- Labial/Lingual Frenum
- Retromolar Pads
- External Oblique Ridge