

Doctor's Account # _____ Phone # () _____

Dr. _____

Patient _____ / _____

AGE: _____ LAST _____ FIRST _____
☐ MALE ☐ FEMALE

Fixed Prescription

PLEASE SEND:

- ☐ Prescriptions
☐ Large Boxes
☐ Small Boxes

REQUESTED DELIVERY DATE

See time schedule

_____/_____/_____
TIME MO DAY

CASE ENCLOSURES:

Impressions

- ☐ Upper # _____
☐ Lower # _____

Models

- ☐ Upper # _____
☐ Lower # _____

- ☐ Pre-Op Model ☐ Study Model

Other

- ☐ Bite(s) # _____
☐ Photo(s) # _____

- ☐ Dr. to die trim ☐ Metal try-in

SHADING:

_____/_____/_____
Inc. Bod. Gin. Tooth Shade

Stump Shade (required for all-ceramic crowns)

- ☐ Lab Custom ☐ See Shadewave

CONTACTS

- ☐ Light ☐ Standard* ☐ Strong

OCCLUSION: (posterior indication only)

- ☐ Centric Contact
☐ Tapepull
☐ VO1/Vertically out .1mm*
☐ VO2/Vertically out .2mm (\$5)
☐ VO3/Vertically out .3mm (\$10)
☐ VO4/Vertically out .4mm (\$15)
☐ VO5/Vertically out .5mm (\$20)

OCCLUSAL STAINING

- ☐ None ☐ Light* ☐ Medium ☐ Heavy

DIAGNOSTICS

- ☐ Esthetic Wax-up ☐ Esthetic Set-up
☐ Prep Model ☐ Radica Temps

PLEASE CALL:

- ☐ Before proceeding ☐ To discuss restorative options ☐ Patient will call for custom shading apt

Note: Case is placed on hold until a response is received. Allow 1 day for call. Allow 2 days when model work needs completed prior to call.

VIRTUE

PORCELAIN TO METAL

- ☐ High Noble (white)
☐ Noble (white)
☐ Non-Precious (white)

FULL CAST

- ☐ High Noble (yellow)
☐ Noble (white)
☐ Noble (yellow)

ALL-CERAMIC

- ☐ e.max®
☐ Imagine™ Anterior Zirconia
☐ Lava+™ Full Zirconia
☐ XCAD Full Zirconia
☐ Lava™ PFZ (Porc. fused to zirconia)

CERA-LEUX

PORCELAIN TO METAL

- ☐ High Noble (white)
☐ Noble (white)
☐ Non-Precious (white)

ALL-CERAMIC

- ☐ IPS Empress Esthetic®
☐ e.max®
☐ Lava™ PFZ (Porc. fused to zirconia)

VENEERS

- ☐ IPS Empress Esthetic®
☐ e.max®
☐ No Prep (e.max®)

MARGIN DESIGN

Porcelain Shoulder* _____
Metal/Porc Junction _____
Metal/Porc Junction 360° _____
Metal Margin 360° _____

Tooth #(s)

RX Instructions:

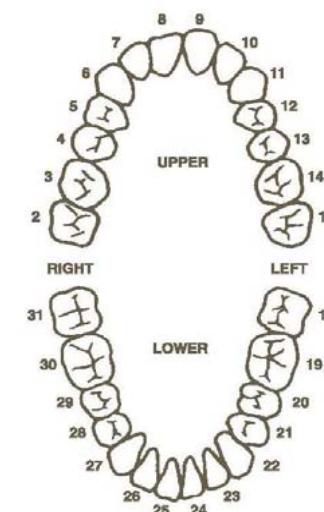
*Standard unless specified

Promo Code

See Reverse Side for Terms and Condi-

- ☐ Add Dual Layered Nightguard
to my case for \$60.00

Please circle tooth #'s:



Signature of Dentist Required

Dentist License #

IF MINIMAL CLEARANCE

- ☐ Relieve Opposing* ☐ Metal Occlusal
☐ Reduction Coping ☐ Metal Island
☐ Make permanent note

- ☐ Construct Crown to Fit Partial

- ☐ Prepare Crown for Future Partial

Note (all-ceramic is a contra-indication for both)

ESTHETIC DETAILS

- ☐ Follow Existing Pre-op
☐ Follow Temp Model
☐ Follow Wax-up
☐ Make Improvements
See Written Instructions Above

- ☐ Follow Denture Mold # _____

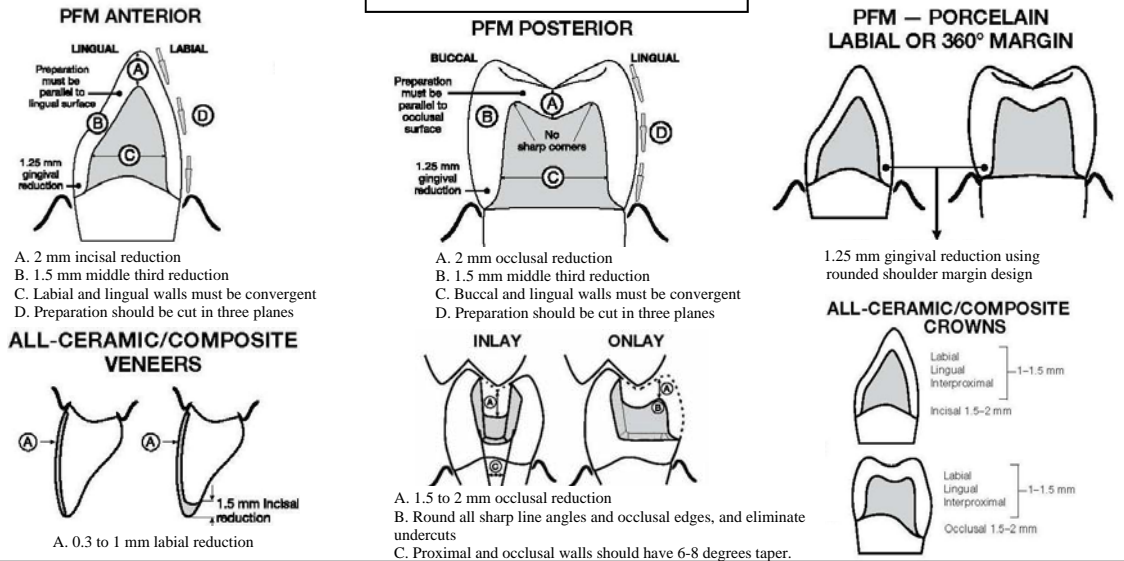
- ☐ Future Treatment
See Written Instructions Above

CHECKLIST

- ✓ Opposing
- ✓ Pre-op models—orig. and/or temp.
- ✓ Bite
- ✓ Small items—package separately
- ✓ Redo/Additions—incl. all orig. material
- ✓ Prescription—include
 - male/female/age/return date
 - Type of restoration/material request
 - Cosmetic changes/shading
 - Finish/try in/future work

Place all items in the enclosed plastic bag within the delivery box and seal.

PREPERATION GUIDELINES



TERMS AND CONDITIONS

We honor VISA, MASTERCARD, AMEX and DISCOVER

All accepted orders represent contracts for the sale or repair and delivery of specially-manufactured goods, and are subject to the following terms and conditions:

TERMS: Client agrees to pay in full the stated price of the goods and services, plus any late payment penalties, and all costs of collection including attorneys' fees, if any. Payment due in full within ten (10) days of Client's receipt of each monthly statement. A late payment fee of 1 1/2% per month (18% per annum) shall be charged on any unpaid balances remaining thirty (30) days after Client's receipt of each monthly statement. Each order or work authorization constitutes a complete and separate transaction. Acceptance of new orders by **Ragle Dental Laboratory, Inc. ("Ragle")** shall not represent any accord and satisfaction and shall not relieve Customer of any pre-existing indebtedness to **Ragle**. **Ragle** may from time to time require a deposit or ship goods C.O.D. **STATEMENTS NOT PAID WITHIN 45 DAYS WILL BE SUBJECT TO C.O.D. UNTIL ACCOUNT IS FULLY CURRENT. ACCOUNT BALANCES NOT PAID AFTER NINETY (90) DAYS WILL BE TURNED OVER FOR COLLECTION.**

LIMITED WARRANTY/LIMITATION OF LIABILITY. Ragle warrants that all dental appliances are made according to client's specification and approval in the belief that the appliance will be useful and **NO EXPRESS OR IMPLIED WARRANTIES ARE GRANTED BY RAGLE UNLESS (i) SPECIFICALLY GRANTED BY WRITTEN WARRANTY CERTIFICATE OR (ii) SPECIFICALLY GRANTED HEREINBELOW. RAGLE HEREBY EXPRESSLY DISCLAIMS ALL EXPRESS OR IMPLIED WARRANTIES, INCLUDING BUT NOT LIMITED TO ANY WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE AND ANY WARRANTY OF MERCHANTABILITY, UNLESS (i) SPECIFICALLY CONTAINED IN WRITTEN WARRANTY CERTIFICATE PROVIDED BY RAGLE TO CLIENT OR (ii) SPECIFICALLY GRANTED HEREINBELOW.** Client must examine all appliances and determine their fitness for any intended usage. Any use, sale, transfer, modification of the appliance or failure to reasonably notify and return the appliance to **Ragle** within fourteen (14) days shall constitute acceptance by Client. Subject to the return of an appliance that is placed and then fails, **Ragle** will repair or replace the appliance without charge for the cost of materials and workmanship or refund the original price paid, at **Ragle's** option, as follows: (1) Rcad screw-retained implant crowns up to 20 years; (2) all-ceramic, all-metal, single unit inlay, and onlay, (excluding Maryland and inlay/onlay bridges) up to 7 years; (3) porcelain-to-metal, and porcelain-to-zirconia up to 3 years; (4) dentures and partials including screw-retained dentures but excluding immediate dentures and partials, or dentures and partials sent to **Ragle** for repair or reconstruction, up to 1 year if the failure is due to defects in materials or workmanship; (5) thermoformed appliances and splints if the failure is due to defects in materials or workmanship, provisionals, composite resin Maryland and inlay/onlay bridges, up to 6 months; (6) immediate dentures and partials, flippers, retainers, surgical stints, and radiographic guides, and all other dental appliances up to 30 days if the failure is due to defects in materials or workmanship. Client agrees to pay all other costs of adjustment, repair, and replacement of an appliance. If Client reasonably believes a defect in an appliance's workmanship or materials exists, Client may request return authorization to return the appliance from **Ragle**. **Ragle** will not replace any appliance or otherwise remedy any alleged appliance defect unless and until proper return authorization has been requested and provided in writing by **Ragle**. Upon obtaining a written return authorization, Client shall promptly return the appliance to **Ragle** with conspicuous markings clearly identifying the appliance delivered pursuant to the return authorization, or as otherwise directed by **Ragle**. **Ragle** shall, at its option, either refabricate or repair any appliance in question or give credit to Client in the original invoice amount of the appliance in question following its return to **Ragle**. **Ragle** reserves the right to deem any appliance void of warranty any one of the following applies: (a) client elects to proceed with fabrication of appliance in question beyond a **Ragle** employee notifying the Client of an issue that could compromise the integrity of the appliance, or an appliance was fabricated outside of the manufacturer's specifications for the material choice prescribed; (b) client elects to fabricate an appliance using a "reduction coping"; (c) appliance must be remade but Client has altered the preparation from which the original appliance was made; (d) client's annual remake percentage is above 5% of all Client's billings with **Ragle** for the preceding twelve (12) month period. (e) original appliance requiring replacement was not returned by client. All transactions shall be governed by the laws of Illinois. Acceptance of the goods constitutes acceptance of all terms and conditions herein.

IN-LAB WORKING DAYS

(working days do not include weekends, holidays or days in transit,)

FIXED RESTORATIONS	Trad/Dig	DENTURES AND PARTIALS	Traditional
PFMS	7/6	COMPLETE DENTURE	5
FULL-CAST	6/5	AVADENT DENTURE	8
ALL-CERAMIC	6/5	FRAMES	6
PFZ	7/6	SET UPS	3
PROVISIONALS	3	FINISHES	3
DIAGNOSTIC WAXUP	3	CUSIL FINISH	6
RCAD IMPLANTS	7	PROCESSED FLIPPER	3
ATLANTIS IMPLANTS	9	CUSTOM TRAY/BITE RIM/ BLEACHING TRAY	1
3I ENCODE IMPLANTS	8	VISICLEAR CLASP	1
3I ROBOCAST IMPLANTS	13	DURACETAL CLASP	1
SURGICAL GUIDE	10	EMA APPLIANCE	3
ALL-ON-4 HYBRID	10	MOUTHGUARD	1
		PROCESSED NIGHTGUARD	3

All quick service cases must be prescheduled by calling 800-742-3629 before the case is shipped. Time of receipt may affect turnaround time.