



FOR MORE INFORMATION
 800-742-3629 Text 217-398-0090
 ragledental.com
 301 S. 1st St, Champaign, IL 61820

GUIDED SURGERY PRESCRIPTION

DR. _____ PHONE # () _____
 ADDRESS _____
 PATIENT _____
 AGE _____ MALE FEMALE

BEFORE PROCEEDING:

- CALL TO DISCUSS RESTORATIVE OPTIONS
 - EMAIL DESIGN REVIEW IMAGES FOR APPROVAL
- Allow 1 day for call, or 2 days when model work required.*

CASE ENCLOSURES:

	UPPER	LOWER	QTY
IMPRESSION(S)	<input type="checkbox"/>	<input type="checkbox"/>	___
MODELS(S)	<input type="checkbox"/>	<input type="checkbox"/>	___
DIGITAL SCAN	<input type="checkbox"/>	<input type="checkbox"/>	___
<input type="checkbox"/> PRE-OP MODEL	<input type="checkbox"/>	<input type="checkbox"/> STUDY MODEL	
<input type="checkbox"/> BITE(S) ___ Blu-Mousse ___ Digital Bite Scan			

TYPE OF CASE

NEW REPAIR REMAKE RUSH PROMO _____

TIME NEEDED

SURGICAL DATE _____/_____/_____
 DELIVER BY 5 P.M. ON _____/_____/_____
 FOLLOW IN-LAB SCHEDULE (Pt will be appointed after received)

GUIDED SURGERY SERVICE

Upon receipt of pre-op models/scans, diagnostics will be completed and screenshots sent for approval and/or discussion. Once approved, dicom files, pre-op models/scans and diagnostics will be uploaded to an Imaging Center. A case review will be scheduled. After review, STL files will be received by RDL for 3D printing. Guide will be printed, sleeves will be placed. All models and surgical report will be sent to client. Allow (5-7) days for diagnostics and screenshots. (2-4) days for scheduled review. Following approval of the review allow (3-5) days for delivery of all needed materials.

GUIDE INFORMATION

Implant Manufacturer: *Please check box below* **Implant Diameter:** _____ **Implant Type:** (TVS, Active, EV etc.) _____
 3i Astra Biohorizon Implant Direct Straumann Zimmer Nobel Other _____

Surgical Kit _____ Tooth Supported Bone supported Tissue Supported

Type of Restoration Crown Bridge Custom Abutment Screw access Screw Retained

Hybrid: Acrylic Zirconia Overdenture/Bar Tissue supported Implant Supported

Overdenture Locator Other _____ How many implants? _____

Please check if sending a dual scan *Note: if a preexisting denture is to be used as a guide a Dual Scan is needed with markers

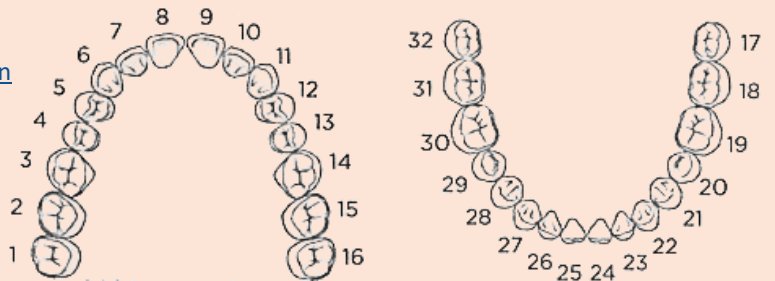
Will the procedure involve the immediate extraction of teeth at the time of implant placement?

Yes No If Yes, list Teeth #'s _____

Dicom Files: Zip and then upload to:

<https://ragledental.com/services/photo-dicom-submission>

*Please submit all slice files not one single file



-Mark teeth to be restored and proposed implant placement-

*Case is placed on hold until a response is received.

**Standard unless specified. †See written instructions in Notes.

PLEASE SEND: Shipping Boxes Shipping Labels

SIGNATURE OF DENTIST REQUIRED

DENTIST LICENSE #

_____/_____/_____
DATE

CHECKLIST

- ✓ Opposing
- ✓ Pre-Op Models
- ✓ Bite
- ✓ Small Items—Package separately
- ✓ Redo/Additions—Original Case Items
- ✓ Prescription—Completed and Signed

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

IN-LAB WORKING DAYS

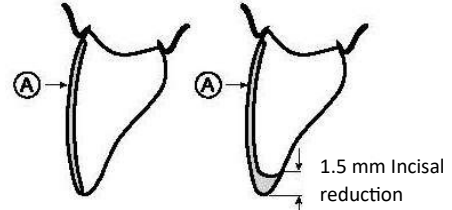
Working days do not include weekends, holidays, or in-transit days.

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

FIXED RESTORATIONS		REMOVABLE RESTORATIONS	
ZIRCONIA	7-8	COMPLETE DENTURE	5
LITHIUM DISILICATE	7-8	CAST FRAME	10
MILLED GOLD	4	METAL FREE FRAME	10
PROVISIONALS	5	SET-UP	3
DIAGNOSTIC MOCKUP	5	FINISH	3
IMPLANT RESTORATIONS		FLIPPER (1-3 TEETH)	3
RCAD	SEE FIXED	CUSTOM TRAY/BITE	
OEM	8-13	RIM/ BLEACHING TRAY	1
SURGICAL GUIDE/DESIGN	10-16	PROCESSED NIGHTGUARD	3
FULL-ARCH HYBRID	10-12	COMFORT H/S BITE SPLINT	1

PREPARATION GUIDELINES

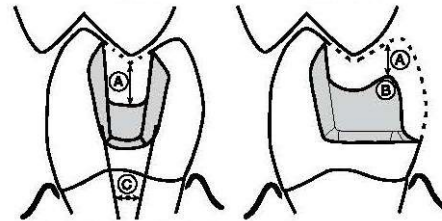
ALL-CERAMIC VENEERS



A. 0.3 TO 1.0 mm labial reduction

INLAY

ONLAY

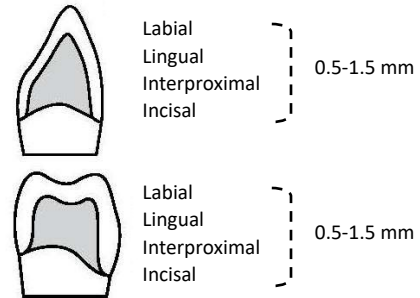


A. 1.0-1.5 mm occlusal reduction

B. Round all sharp line angles and occlusal edges, and eliminate undercuts

C. Proximal and occlusal walls should have 6-8 degrees taper

ALL-CERAMIC CROWNS



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.