

Toll Free: 1-833-400-5443

www.nextdentallab.com

Email: [info@nextdentallab.com](mailto:info@nextdentallab.com)

RX Date: \_\_\_\_\_

Deliver by: \_\_\_\_\_

Patient Appointment: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Male  Female  Approx. Age: \_\_\_\_\_

**TEETH NUMBERS**

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

**PORCELAIN FUSED TO METAL:**

- PORCELAIN TO NON-PRECIOUS
- PORCELAIN TO SEMI PRECIOUS
- PORCELAIN TO WHITE HIGH NOBLE
- CAPTEK

**ALL CERAMIC:**

- EMAX
- LAYERED ZIRCONIA
- FULL ZIRCONIA
- HIGH TRANS FULL ZIRCONIA

**FULL CAST:**

- NON-PRECIOUS (WHITE)
- NON-PRECIOUS (YELLOW)
- POST & CORE NON-PRECIOUS
- POST & CORE SEMI PRECIOUS

**IMMEDIATE DENTURES & PARTIALS (ONE ST)**

- VALPLAST
- FLIPPER
- ACYLIC PARTIAL
- DENTURE

**MARGIN DESIGN:**

- LINGUAL METAL COLLAR
- 360 DEGREE METAL COLLAR
- NO METAL COLLAR
- METAL LINGUAL

- CROWN
- BRIDGE
- SPLINTERED
- VENEER
- INLAY/ONLAY
- WING

**OTHERS:**

- HARD NIGHT GUARD/SOFT LINING
- BLEACHING TRAY
- RETAINER

Account Number: \_\_\_\_\_

Comments:

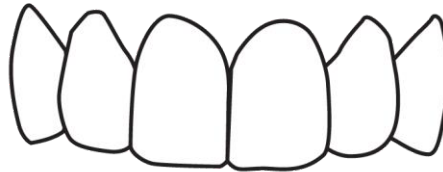
\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other Instructions (Print Neatly, No Cursive)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Shade Details

Shade: \_\_\_\_\_



**Metal Design**



**Embrasure:**



Open  Close

**Proximal Contact:**



Normal  Extended

**Pontic Design:**



Heavy  Light  No

**Occlusal Contact**



Heavy  Light  No

**Layer of Die Spacer:**

1  2\*  No

Signature: \_\_\_\_\_

Dr. License Number: \_\_\_\_\_

Any illegible Rx script will delay the delivery of your case

**TERMS & POLICY**

By signing or sending any RX slip (or a substitute therefor) to Next Dental Lab, I agree to abide by all the following terms and policies.

Next Dental Lab is not liable for incidental or consequential damages. Including inconvenience, lost wages, chair time, or pain and suffering.

All invoices must be paid in full on or before the 10th of the following month they are prepared. Even on cases not yet seated in patient's mouth. All cases in process might be held until all invoices due are paid in full.

Any amount not paid will incur a 1.5% finance charge and the account will be placed on C.O.D. terms.

All cases will be billed and payable in stages. \$50.00 will be charge on all returned checks.

All disputes shall be governed by Florida law with venue in Palm Beach County with the prevailing party to recover all fees and expenses associated with case.

**CONDITIONS OF WARRANTY**

- Prosthesis must be inserted by a licensed practicing dentist.
- Patient must adhere to semi-annual dental maintenance (cleaning and exam) Program, in the office of a licensed practicing dentist.
- Dental prosthetic must be returned with model work in order for credit to be issued

Warranty is for 1 year for removable, and 3 years for Crown and Bridge, from delivery date. this warranty is in lieu of all other warranties, whether expressed or implied and may not be may modified by any agent, employee, representative, or distributor of Next Dental Lab.

**WHAT IS COVERED?**

- Repair or replacement of appliance

**WHAT IS NOT COVERED?**

- Cash refund for prosthesis
- Cost incurred for removal or insertion
- Repairs resulting from accidents, neglect, abuse, failure of supportive tissue structures, impropers adjustments, or improper dental hygiene.
- Incidental or consequential damage, including inconvenience, lost wages, chair time, or pain and suffering.