



Toll Free: 1-833-400-5443
www.nextdentallab.com
Email: info@nextdentallab.com

RX Date: _____

Deliver by: _____

Patient Appointment: _____

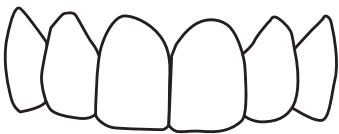
Patient Name: _____

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

Shade Details

Shade: _____



Account Number: _____

Please write below your case instructions.

Please be as detailed as possible to avoid any delay or remake:

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 15th of the following month they are prepared. Even on cases not yet seated on 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 3 years 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.

Signature: _____ Dr. License Number: _____ Doctor's or Assistant's Cell Number: _____

I understand that any illegible or incomplete RX script will delay the delivery of the case.