



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

Standard Production (Most Economical)

Or

Local Production (for Crown & Bridge only, no PFM)

\*If you do NOT select an option above your order will automatically be processed as a Standard Production order.

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

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

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

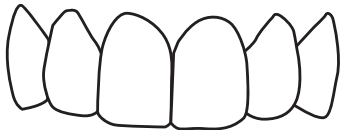
Patient Name: \_\_\_\_\_

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.