

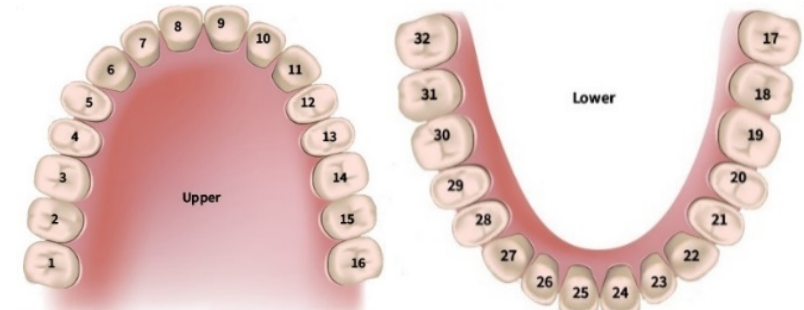

















Creative Dental Lab
 14201 N 87th St, Ste A105
 Scottsdale, AZ 85260
 (480) 744-0093
 creativedentalaz.com

CROWN & BRIDGE RX

Practice Name: _____ Dr. Name: _____ Address: _____ Phone: _____ City _____ State _____ Zip _____ Deliver by Date: ____/____/____ Email Address: _____	Patient Name: _____ _____ <i>First Initial and Last Name or Last Name and Patient Ref # Only.</i> NOT full name and birth date.
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NEW CASE
 REMAKE
 ADJUSTMENT
 NEW ELEMENTS FOR EXISTING CASE

RESTORATION TYPE	INSTRUCTIONS										
Crowns & Bridges – Impressions/Trios Scans <input type="checkbox"/> Crystal Ultra® Nanoceramic Full Contour Anterior/Posterior <input type="checkbox"/> Crystal Ultra® Nanoceramic Inlay, Onlay, Veneer <input type="checkbox"/> Crystal Zirconia Full Contour <input type="checkbox"/> Crystal Anterior Layered <input type="checkbox"/> Crystal Plus (Solid Zirconia w/ Porcelain Facial) <input type="checkbox"/> E.Max <input type="checkbox"/> E.Max Layered	<div style="text-align: center;">SELECT RESTORATION TYPE</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> CROWN <input type="checkbox"/> IMPLANT <input type="checkbox"/> VENEER <input type="checkbox"/> DIAGNOSTIC WAX UP </div> <div style="width: 45%;"> <input type="checkbox"/> BRIDGE <input type="checkbox"/> INLAY/ONLAY <input type="checkbox"/> POST & CORE <input type="checkbox"/> PRINTED DENTURE </div> </div> <p style="text-align: center;"> Shade # _____ Custom # _____ Taken with <input type="checkbox"/> Vita-lumin <input type="checkbox"/> Vita-3D <input type="checkbox"/> Chromoscop <input type="checkbox"/> Stump <input type="checkbox"/> Custom </p> <p> Occlusal staining: <input type="checkbox"/> Lt <input type="checkbox"/> Med <input type="checkbox"/> Dk <input type="checkbox"/> No Cervical staining: <input type="checkbox"/> Lt <input type="checkbox"/> Med <input type="checkbox"/> Dk <input type="checkbox"/> No </p> <div style="text-align: center;">  </div> <p style="text-align: center;">Pontic design:</p> <p>Ridge relief: <input type="checkbox"/> None <input type="checkbox"/> Slight <input type="checkbox"/> Medium <input type="checkbox"/> Heavy</p> <table border="1" style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;"><input type="checkbox"/> Full Lap</td> <td style="width:20%; padding: 5px;"><input type="checkbox"/> Sanitary Contact</td> <td style="width:20%; padding: 5px;"><input type="checkbox"/> Sanitary Spaced</td> <td style="width:20%; padding: 5px;"><input type="checkbox"/> Buccal Lap</td> <td style="width:20%; padding: 5px;"><input type="checkbox"/> Buccal Tip</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p style="text-align: center;"> No occlusal clearance: <input type="checkbox"/> Metal Occlusion <input type="checkbox"/> Reduction Coping <input type="checkbox"/> Relieve Opposing Restore opposing: <input type="checkbox"/> Yes <input type="checkbox"/> No Intaglio Design Type: <input type="checkbox"/> Convex <input type="checkbox"/> Flat <input type="checkbox"/> Other _____ </p>	<input type="checkbox"/> Full Lap	<input type="checkbox"/> Sanitary Contact	<input type="checkbox"/> Sanitary Spaced	<input type="checkbox"/> Buccal Lap	<input type="checkbox"/> Buccal Tip					
<input type="checkbox"/> Full Lap		<input type="checkbox"/> Sanitary Contact	<input type="checkbox"/> Sanitary Spaced	<input type="checkbox"/> Buccal Lap	<input type="checkbox"/> Buccal Tip						
											
Implants <input type="checkbox"/> Crystal Ultra® Premier Implant Package: Includes Crystal Ultra® Crown, Titanium Custom Abutment, Soft Tissue Model <input type="checkbox"/> Crown over Implant Includes soft tissue model (Parts must be supplied) <input type="checkbox"/> Titanium Implant Package: Includes Crystal Zirconia Crown, Titanium Custom Abutment, Soft Tissue Model											
Custom Abutments <input type="checkbox"/> From Model <input type="checkbox"/> From Impression											
Required Implant Information Implant System: _____ (Attach Oral Surgeon's Letter) Implant Diameter: _____mm Abutment: _____ Screw: _____ Analog: _____ **If Nobel compatible MUAs are being used, allow us to use our MU coping. Select Preference: <input type="checkbox"/> Use Parts Provided <input type="checkbox"/> Use Creative Dental Lab MU Coping											

COMPATIBLE IMPLANT BRANDS: Nobel Biocare, Straumann, Zimmer, Biomet, BioHorizons, Astra Tech, Osstem (Hiossen), Biodenta

Notes:

Enclosed with Case	
<input type="checkbox"/> Impression <input type="checkbox"/> Models <input type="checkbox"/> CR Bite <input type="checkbox"/> CO Bite <input type="checkbox"/> STL Files- Send to files@creativdentalaz.com	<input type="checkbox"/> Implant Parts <input type="checkbox"/> Articulator <input type="checkbox"/> Photos- Send to photos@creativdentalaz.com <input type="checkbox"/> Other: _____


ALL RESTORATIONS FABRICATED IN THE USA

SIGNATURE: _____ **DDS#** _____

Terms: Customer agrees to the company policy stated on reverse

Customer Agreement

This Customer Agreement ("Agreement") is made as of the date set forth below by and between Creative Dental Lab ("Company") and the customer ("Customer") executing this document. The Company values its customers and desires to avoid misunderstandings between it and Customer regarding the terms and the obligations for orders placed by its customers. Therefore, as to ALL orders placed by Customer, Company and the Customer do hereby agree as follows:

1. Full payment, as set forth on Company's current price sheet (which is subject to change from time to time without prior notice), for all products, work, services or shipments requested by Customer, pursuant to each order placed by Customer shall be due within thirty (30) calendar days after the date of the invoice therefor, regardless of when actually received by Customer. All balances remaining past such date shall be considered past due. Company may bring a single action for collection of any number of Customer's past due balances. The Customer also authorizes Company to obtain and report credit information on Customer.
2. While the Company will use its best reasonable commercial efforts to prepare all products, work, services or shipments requested by the Customer in a timely fashion, the Company cannot and does not represent or warrant that the same may be prepared or delivered by any particular date. The Customer may not claim any offset or reduction in price for any alleged late delivery discrepancies, shortages, claims or incorrect shipments. The Company shall be excused for inclement weather, fire, flood, war, labor problems, vandalism, theft, shortage of materials, delivery problems and other problems not reasonably foreseeable and that are beyond reasonable control by Company.
3. Customer agrees to pay a late charge equal to two percent (2%) of any past due balance per month or portion thereof from and after the invoice date until the unpaid past due balance is paid in full. No late charges shall accrue during the first thirty (30) days from the date of invoice (net 30 days). The late charge shall not be deemed to constitute the payment of interest or finance charge. Notwithstanding the foregoing, the above late charge equals to an ANNUAL PERCENTAGE RATE (APR) of twenty-four percent (24%).
4. All payments made by (or credits or discounts granted to) the Customer while a past due balance exists shall be applied first to late charges and second to past due balances before being applied to current balances, unless elected otherwise by the Company.
5. All orders/requests for products, work, services or shipments requested by the Customer shall be made in writing pursuant to the forms made available by the Company for such purposes. The Company reserves the right to disregard any other orders/requests. The Customer shall supply the Company in writing all specifications and information reasonably required by the Company to prepare the prosthesis requested by the Customer. While the Company reserves the right to request, from time to time, further specifications or information, it expressly disclaims any duty to do so and may rely entirely upon the original specifications and information provided by the Customer without any duty of investigation. The Customer shall be solely responsible for the accuracy of any such specifications or information. Further, the Customer shall be responsible to inspect the products, work, services, or shipments requested by the Customer, including, without limitation, all prosthesis, for proper application, fit, alignment and ultimate use. The Customer agrees that any claims that the products provided by the Company are defective or non-conforming must be made within seven days of delivery. The Customer waives its rights to any claims or set-offs if claims are not made in writing within seven days of receipt. The Customer shall indemnify, defend, and hold the Company, and its principals, shareholders, directors, officers, employees, representatives, agents, successors and assigns, free and harmless from any and all claims, liability's and damages, known and unknown, arising by reason of treatment of any patient of the undersigned or the actual application, fit, alignment or ultimate use of any prosthesis prepared by Company hereunder.
6. Should any provision of portion of the Agreement be held or otherwise become unenforceable or invalid for any reason, the remaining provisions and portion of the Agreement shall be unaffected by such unenforceability or invalidity.
7. This agreement shall be binding on, and shall insure to the benefit of the parties and their respective heirs, legal representatives, successors and assigns.
8. If any legal action, arbitration or other proceeding is brought for the enforcement of this Agreement, or because of any alleged dispute, breach, default or misrepresentation in connection with any of the provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorney's fees and other costs incurred in that action or proceeding, in addition to any other relief to which said prevailing party may be entitled.
9. This Agreement shall be construed in accordance with, and governed by, the laws of the State of Arizona.
10. This Agreement is deemed to have been entered into, and primary performance will be deemed to be in Phoenix, Arizona. Any legal proceedings under this agreement shall be brought in a court of competent jurisdiction in Maricopa County, Arizona.

CASE PAN CHECK IN – FOR LAB USE ONLY	
Case pan # _____	
Qty	Impression/Model
_____	Quadrant tray
_____	Triple tray quad
_____	Full triple tray
_____	Full arch tray - prepped
_____	Full arch tray opposing
_____	Opposing model
_____	Study model
_____	Bite
_____	Partial/night guard
_____	New bite
_____	New opposing
_____	New impression
_____	Implant parts
_____	Photos/xrays
_____	Old crowns.pieces
_____	Old articulated models
_____	Old solid model
_____	Old bites(s)
_____	Old impressions(s)
_____	Old die(s)
_____	Dr's articulator to be returned
_____	Box of:
_____	_____
_____	_____
_____	_____
_____	_____