

Doctor Name \_\_\_\_\_ Patient Name \_\_\_\_\_  
Office/Address \_\_\_\_\_ Patient Appt. Date & Time \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_ Phone # \_\_\_\_\_

**DENTURES**

- Custom Tray
  - Base Plate/Bite Rim
  - Transitional  
(one step/immediate tooth removal)
  - Transitional Pkg.  
(Transitional + Economy or Standard)
  - Economy\*
  - Standard\*
  - Premium\* (includes Spare Denture)
- \*Includes & requires BP/BR, set-up w/teeth, & process to finish.

**Instructions**

- Upper
- Lower
- Try-In
- Finish
- Shade \_\_\_\_\_
- Mould \_\_\_\_\_
  - Square
  - Oval
  - Triangular
- Repair
- Reline
- Reset
- Trim to Myostatic Outline
- Trim to Full Border
- Name on Appliance
- \_\_\_\_\_
- Other
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**PARTIALS**

- Flexible Partial
- Flexible Partial Complete
- Unilateral Partial
- Acrylic Partial
- Acrylic Flipper
- Framework Only (for metal based)
- With Bite on Frame  
(for metal based)
- With Teeth Set up in Wax  
(for metal based)

**Instructions**

- Upper
- Lower
- Try-In
- Finish
- Shade \_\_\_\_\_
- Mould \_\_\_\_\_
  - Square
  - Oval
  - Triangular
- Repair
- Reline
- Reset
- Clear Clasps
- Wrought-Wire Clasps
- Metal-Free Clasps
- Name on Appliance
- \_\_\_\_\_
- Other
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**NIGHTGUARDS**

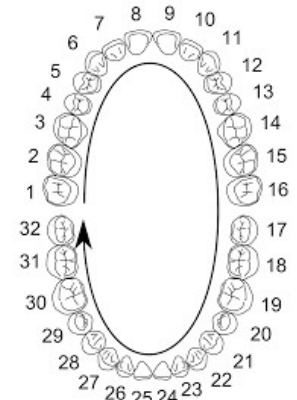
- Comfort Hard/Soft™ Bite Splint
  - Clear
  - Blue
  - Green
  - Pink
- Hard/Hard
- Hard Processed Acrylic
- All Soft

**OTHER**

- Sports Mouthguard  
Color: \_\_\_\_\_  
Level: \_\_\_\_\_  
Other: \_\_\_\_\_
- Bleaching Tray
- Essix Retainer

**Additional Notes**

Needs Phone Consultation



Signature \_\_\_\_\_ License # \_\_\_\_\_ Date \_\_\_\_\_

**REMOVABLE**

## **TERMS & CONDITIONS**

By signing or sending this Rx script (or a substitute thereof) to Albensi Dental Laboratories (ADL), I agree to abide by all the terms and policies listed herein. ADL is not responsible for incidental or consequential damages, including inconvenience, lost income, chairtime, or pain and suffering.

All accounts are payable within 15 days of the statement date. Any amounts not paid within the terms are subject to a monthly finance charge of 1.5% of the unpaid balance. In addition, the account is subject to COD status whereas the unpaid balance will be added to the cost of the case(s) being delivered. All case items sent will remain the property of ADL until the balance is paid in full. A minimum of \$25.00 will be charged for all checks returned to ADL. Any legal fees related to collections are the responsibility of the client. Client agrees that all legal claims and/or disputes shall be governed by the Commonwealth of Pennsylvania and submit to exclusive jurisdiction of and be in venue of. Also, shipping charges will apply and vary depending upon your geographic location.

## **WARRANTY**

For a period of two years from the date of the invoice, we guarantee your complete satisfaction with the workmanship and materials of your removable appliance. Nightguards have a six-month warranty and are subject to review due to the many possible existing circumstances involved. This warranty is in lieu of all other warranties, whether expressed, implied or written by any agent, broker, distributor, employee or representative of ADL. Incidents where there is failure of supportive tooth or tissue structures, improper adjustments, improper dental hygiene, abuse or accidents make this guarantee null and void.

If a doctor requests a remake of a case with a change in the design, product type or material, or shade from the original RX, it will be subject to be charged. Requests for shade changes for partials and dentures are subject to an additional charge for teeth (since teeth cannot be reused). When choosing the Transitional Denture Package, we will not fabricate the FINAL denture until SIX full months after the Transitional Denture has been made.

CONDITIONS – Appliance must be inserted by a licensed practicing dentist or prosthodontist within one month of fabrication. Patient must adhere to semi-annual cleanings and exams.