



All items in bold type are mandatory. If not filled in, case cannot be processed.

2727 Skyway Drive, Santa Maria, CA 93455
1-800-872-8384 www.denmat.com/snaponsmile

PLEASE NOTE: By submitting this Rx, I agree to terms and conditions on reverse side.

DR'S SIGNATURE: _____

DR'S LICENSE NUMBER: _____

PRE-ARRANGED: YES NO

IF YES, ORDER NUMBER: _____

FOR STUDIO USE ONLY

DATE RECEIVED #: _____ PAN #: _____

OPEN INITIALS: _____

INCOMING QC NOTES: _____

ORIGINAL ORDER #: _____

REMAKE/REPAIR REASON CODE: _____

STAGE: _____

REMAKE REASON: _____

CUSTOMER #: _____

O/E INT: _____

NEW ORDER #: _____

STAGE: _____

CUSTOMER NUMBER _____ DOCTOR (LAST, FIRST, MI) _____

SHIPPING ADDRESS _____

CITY/STATE/ZIP _____ PHONE _____

FAX _____ EMAIL _____

PATIENT NAME _____

AGE _____ M F

ALLOW **14 WORKING DAYS** FROM CASE ACCEPTANCE
 (SEE REVERSE SIDE FOR FURTHER DETAILS).

PROMOTION CODE _____

A. CASE TYPE

- Snap-On Smile Full Arch (7 units or more)
- Snap-It! Quadrant (6 units or less)
- Snap-On Smile remake
- Snap-It! remake

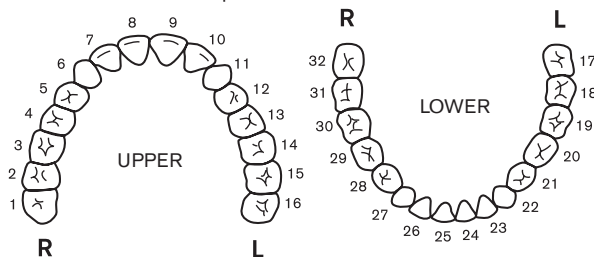
B. PATIENT TREATMENT MODALITY

Please check all that apply

- Cosmetic Removable Partial Denture
- Cosmetic Smile Enhancement
- Implant Temporary Restoration
- Raising Vertical Dimension

C. CASE DESIGN

Please use diagram below for case design and mark off extractions / pontics



F. PONTIC DESIGN



Hygienic



Full Ridge



Ovate _____ mm

E. CASE DESCRIPTION

Please fill in all that apply

- 1a. Upper
- 1b. Tooth # _____ to Tooth # _____**
- 2a. Lower
- 2b. Tooth # _____ to Tooth # _____**
- 3. List teeth to be extracted (if applicable) _____
- 4. List pontics to be replaced (if applicable) _____
- 5. Raise gingival margins on Teeth #'s _____ mm
- 6. Increase incisal length _____ mm
- 7. Raising vertical dimension (as a standard when raising vertical dimension, there is full occlusal coverage)
 - a. Raise posterior _____ mm
 - b. Raise anterior _____ mm
- 8. Occlusal holes (leave occlusal surface open to maintain vertical dimension)**
 - Upper Lower Both None
- 9. Lingual windows on anterior teeth (uppers only)

G. SHADE (See reverse side for available shades)

Specify shade guide _____ Number _____

Specified desired shade _____

Shade changes from original are not covered by warranty. See reverse side for available shades.

H. CASE ENCLOSURES

- Full Arch Polyvinyl/Polyether Impression** OPTIONAL
- Bite Registration** Patient Photograph
- Opposing Full Arch Model/Impression** Articulator
- Other

I. SPECIAL INSTRUCTIONS

For best results, please provide detailed appliance instructions in the space provided

F. SHAPE

Incisal

- Rounded Square Square-Round

Canine

- Rounded Square Pointed



SHIPPING

Please allow 14 working days from date of case acceptance (including acceptable impressions/models, bite registration, and complete prescription information). Working days do not include weekends or holidays. Times do not include time in transit and times do not include the day case is shipped. Outbound shipments are a standard \$9 (\$11 CN) flat fee per case. All returns must be sent to the following address:

Den-Mat Holdings, LLC
2727 Skyway Drive
Santa Maria, CA 93455

SHADE OPTIONS:

Snap-On Smile/Snap-It! is available in 19 monochromatic shades: A1, A2, A3, A3.5, A4, B1, B2, B3, B4, C1, C2, C3, C4, D2, D3 and three bleach shades.

SNAP-ON-SMILE® / SNAP-IT!™ LIMITED WARRANTY

This warranty covers any defects in materials or workmanship in Snap-On Smile/Snap-It!™ and runs for one (1) year from the date patient receives the Snap-On Smile/Snap-It!.

WARRANTY COVERS:

DenMat will repair or replace a Snap-On Smile/Snap-It! that proves to be defective in materials or workmanship. In some cases, a new Snap-On Smile/Snap-It! may need to be manufactured either from the existing impression or from a new impression taken by a dentist. The repaired or replacement Snap-On Smile/Snap-It! will be covered under the original warranty for the remaining time, if any, of the warranty period.

If your Snap-On Smile/Snap-It! becomes damaged during the warranty period, and the conditions set forth in this warranty have been met and no exclusion applies, return to the dentist who provided the Snap-On Smile/Snap-It! for diagnosis. If the providing dentist no longer is available, contact DenMat at 800-926-1500 for another authorized dentist in your area. The selection of the dentist in the warranty process will be within the sole discretion of DenMat.

It is the responsibility of the dentist to send the item for repair to DenMat freight prepaid at any time during the warranty period. There will be no handling charge for warranty work for the first 90 days of the warranty period. During this initial 90 day period, there will be no charge for repair or replacement and return freight. After 90 days, there will be a \$49 handling fee (US dollars) for all warranty claims, which will include return shipping.

CONDITIONS THAT MUST BE MET FOR WARRANTY TO APPLY:

1. To obtain warranty service, the providing dentist will need a Return Authorization Number from DenMat. This can be obtained by calling 800-926-1500, or by emailing warranty@snaponsmile.com. If emailing, please provide a description of the problem.
2. If patient purchased the Snap-On Smile/Snap-It! directly from DenMat on credit terms, payments must be current to receive warranty service.

WARRANTY DOES NOT COVER:

1. Cash refunds.
2. Changing shade from the original prescription request. No shade change will be made in any warranty claim for any reason.
3. Modifying the teeth numbers from the original prescription request.
4. Damage or defects resulting from: a) failure to follow DenMat's instructions, b) improper insertion, c) abuse or d) improper dental hygiene.
5. Incidental or consequential damages, exemplary damages, including inconvenience, lost wages or pain and suffering.
6. Claims resulting from modifications made by the patient or dentist to Snap-On Smile/Snap-It!.
7. Any dental fees charged by dentist are not covered unless specifically approved in writing in advance by DenMat.

YOUR RIGHTS UNDER STATE LAW:

This warranty gives you specific legal rights and you may also have other rights which vary from state to state. Some states do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply to you. In addition, some states do not allow limitations on how long an implied warranty lasts, so the above limitation may not apply to you.

OPTIONAL "NO FAULT" EXTENDED LIMITED WARRANTY (FOR SNAP-ON SMILE APPLIANCE ONLY):

For \$99 (US dollars), a "No Fault" Extended Limited Warranty may be purchased that provides repair or replacement of your Snap-On Smile for three (3) years (two additional years beyond the standard Limited Warranty). This extended coverage means DenMat will repair or replace your damaged Snap-On Smile, no questions asked, for any reason whatsoever, even if the damage is the patient's or dentist's fault. All other terms and conditions of the Snap-On Smile Limited Warranty apply. This offer is valid for 30 days after receipt of appliance. To purchase, please call 800-926-1500.

Contact us at 800-926-1500 or
warranty@snaponsmile.com
if you have any questions or comments.

