

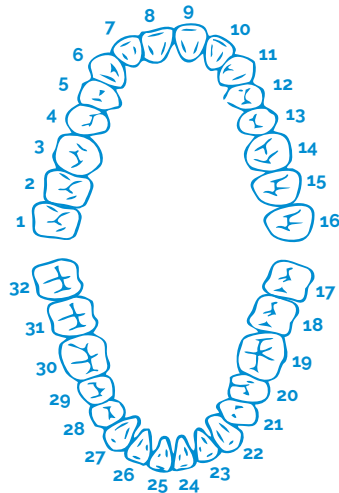
Doctor/ Office \_\_\_\_\_ Prep Date \_\_\_\_\_  
 Patient Name \_\_\_\_\_ Age \_\_\_\_\_ M  F   
 Seating Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

Case Due Date  
Lab Use Only

Case Pan #  
Lab Use Only

**DOCTOR NOTES**

Singles \_\_\_\_\_  
 Bridge \_\_\_\_\_  
 Pontic # \_\_\_\_\_



Please design cast framework on  
 MAX. & MAND. arch.



Tell Us How You Like It!

**SHADE INSTRUCTIONS**

Vita-Classic \_\_\_\_\_  
 Vita 3D Master \_\_\_\_\_  
 Stump Shade \_\_\_\_\_  
 Custom \_\_\_\_\_ Patient Phone \_\_\_\_\_



**OCCLUSAL STAINING**

- None
- Light
- Heavy



**ITEMS ENCLOSED**

- Photos
- Analog
- Model
- Shade Tab
- Impression
- Bite
- Implant Parts
- Surgeon Letter
- Other \_\_\_\_\_



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**ALL CERAMICS**

- FCZ - Full-Contour Zirconia
- IPS e.max
- PFZ - Porcelain Fused to Zirconia

**PONTIC DESIGN**

- Modified ridge lap
- Full ridge lap
- Sanitary
- Bullet
- Ovate

**PFM**

- Non-precious
- Noble white
- High noble white
- Yellow noble

**FULL CAST**

- Noble yellow
- High noble yellow

**IMPLANTS**

**CROWN**

- Full-contour zirconia
- IPS e.max (pressed)
- Porcelain fused to zirconia
- Other

**RETENTION**

- Screw-retained
- Cement-retained

**ABUTMENT**

- Zirconia
- Titanium
- Custom UCLA
- Gold anodized

**BUCCAL COLLAR DESIGN**

- Thin or \_\_\_\_\_ mm buccal
- Porcelain butt margin
- Porcelain junction margin

**METAL DESIGN**

- Full porcelain
- Lingual collar
- Metal occlusal/lingual
- Metal occl./ling. w collar

**REMOVABLES**

- Full Denture
- Locator retained
- Bar retained
- Screw-retained hybrid
- TCS Valplast® Partial Complete
- Lab select complete design
- Flipper - Teeth \_\_\_\_\_ Clasp \_\_\_\_\_
- Cast framework Max. \_\_\_\_\_ Mand. \_\_\_\_\_
- Frame try-in
- Framework w/wax rim
- Framework w/teeth try-in
- Process/Finish

**PMMA TEMPS**

- Diagnostic wax-up
- Abutments #'s
- Pontics #'s
- Wire
- Splinted
- Cast metal frame
- Individual

**APPLIANCES**

- Bruxeze
- Rem-e-deze
- 1.0 mil. clear ortho retainer
- Bleaching tray
- Foam liner
- Reservoir
- Night Guard - clear/hard

**ADDITIONAL NOTES**

**IF OCCLUSAL CLEARANCE IS NEEDED**

- Reduce Opposing
- Reduction Coping
- Call Doctor

**IMPLANT**

Manufacturer \_\_\_\_\_  
 Size/Platform \_\_\_\_\_

**PLEASE SEND**

- Rx forms
- Case boxes
- Mailing labels

Dentist Signature \_\_\_\_\_ License # \_\_\_\_\_

Please see reverse side for payment terms and policies.

— Thank you! —

**PAYMENT TERMS**

Each case will be returned with an invoice. A statement will be provided at the end of each month. Payment of the statement balance is due by the 15th day of the month. Service and interest charges may be added to past due accounts.

A credit card is required on file, but will not be used to make payment on the account without notice. If an account becomes more than 90 days past due, and there is no contact from the office – the balance due will be placed on the card.

We accept Cash, Check and All Major Credit Cards – call our office to inquire about automatic credit card payments.

**REFUND POLICY**

The cost of fabricating Castable Ceramics Dental Laboratory restorations cannot be refunded. A credit may be issued by Castable Ceramics Dental Laboratory directly to a customer's account when cases do not meet our expected standards for quality, function and aesthetics. Services Fees and parts fees are not refundable unless the product can be returned to the retailer for credit. Refunds on Implant components are pursuant to the individual manufacturer return and warranty policies.

**REMAKE POLICY**

As a Lab, we view ourselves as a member of your dental team, and we intend to do our part in being a good team member. All remakes will be at no charge except under the following circumstances:

1. Castable Ceramics Dental Laboratory inquired about the die, margin or impression. However, the customer approved and requested completion of the case.
2. Castable Ceramics Dental Laboratory requested a try-in, but the customer declined and asked for a completed case.
3. The teeth are re-prepared.
4. There is a shade change/correction different from the original request.

**RETURN POLICY**

For eligible remakes without the original case, Castable Ceramics Dental Laboratory shall remake these cases at 100% of the retail price of the restoration at the time the request is made. If the original model and dental restoration are returned within 60 days from the original invoice date, Castable Ceramics Dental Laboratory will issue a 100% credit to the customer's Castable Ceramics Dental Laboratory account. In order to receive a credit for work that is returned, Castable Ceramics Dental Laboratory must be given the opportunity to fix or replace the original restoration. If cases are returned without the opportunity to fix or remake, alloy charges will be refunded but the porcelain and labor charges will remain on the account.

**(FOR LAB USE ONLY)**

**MODEL/DIE**

- Extra Model & Die \_\_\_\_\_ QTY
- Model Duplication \_\_\_\_\_ QTY
- Transfer Die(s) \_\_\_\_\_ QTY
- Epoxy Model(s) \_\_\_\_\_ QTY
- Articulator Plates \_\_\_\_\_ QTY TYPE \_\_\_\_\_
- Articulator Magnets/Conns \_\_\_\_\_ QTY TYPE \_\_\_\_\_
- Soft/Pink Tissue \_\_\_\_\_ QTY
- Wet Impression \_\_\_\_\_ QTY
- Metal Articulator (Brass/Chrome)

**WAX/METAL**

- Reduction Coping \_\_\_\_\_ QTY
- Crown Under Partial
- Survey for Partial (Inclusive of Rest)
- Rest (Cingulum/Occlusal) \_\_\_\_\_ QTY
- Stress Breaker \_\_\_\_\_ QTY TYPE \_\_\_\_\_
- Attachments \_\_\_\_\_ QTY TYPE \_\_\_\_\_
- \_\_\_\_\_  Metal Try-In (Billed)
- Alloy \_\_\_\_\_ %Au \_\_\_\_\_-\_\_\_\_\_

**CUSTOM SHADE**

- Dr. Office Called (No Contact)
- Old Crown(s) Returned \_\_\_\_\_ QTY
  - Old Model(s) Returned
  - Old Lab Slip Attached
- Note to Dr. \_\_\_\_\_
  - \_\_\_\_\_
  - Note to Dr. Please Trim Opposing Indicated in Red
  - \_\_\_\_\_
  - \_\_\_\_\_

**IMPLANT CASE**

- Implant Labor \_\_\_\_\_ QTY
- Implant Parts Included
- Ordered – Invoice Attached
- Other: \_\_\_\_\_
- From Lab Stock:
  - 1) \_\_\_\_\_ QTY
  - 2) \_\_\_\_\_ QTY
  - 3) \_\_\_\_\_ QTY

**FINAL CHECK**

\_\_\_\_\_

**RUSH CASE**

\_\_\_\_\_ Working Days in Lab

**CASE LOG IN**

Initials	Date/Time
_____	_____
IN	_____
OUT	_____
_____	_____
IN	_____
OUT	_____
_____	_____
IN	_____
OUT	_____