



Ph: 800-294-1998
 Fax: 800-508-2082
 dental@axidentallab.com
 axidentallab.com

Dr. Name: _____ Phone: _____

Address: _____ Patient's Name: _____

E-mail: _____ Deliver by 5 pm on: _____

RX SPECIFIC INSTRUCTIONS



Dentures/Flexible Partials

- Flipper Denture Valplast/tcs

Check here for our Premium option:
 Premium Denture or Partial Service
 (Includes Premium Brand Denture Teeth
 and Lucitone HIPA acrylic.)

- Occlusion rim Custom tray
 Finish Wax setu try-in
 Name on appliance (Additional charge)

- Tooth Setup** Ideal Characterized
 Follow study model
 Male Female
 Age: _____

- Acrylic Shade:** Standard Ethnic

- tcs/Valplast flexible partial shade:**
 Lt Pink Std Pink
 Lt/Dark Pink Dark Pink

- Classic Teeth (Included at no extra charge)**
 Shade: _____ Mould: _____
 Lab Select

- Premium Brand Denture Teeth
 (Extra charge applies)**
 Shade: _____
 Brand: _____
 Mould: _____
 Lab Select

Vitallium Metal Partials

- Acrylic to Vitallium tcs/Valplast to Vitallium
 Frame try-in Frame w/ occlusal rim
 Frame w/ setup try-in Finish

Major Connector

- | | |
|-------------------------------------|-------------------------------------|
| Maxillary | Mandibular |
| <input type="checkbox"/> Lab select | <input type="checkbox"/> Lab select |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

- | | |
|-------------------------------------|----------------|
| Rest Areas | Tooth # |
| <input type="checkbox"/> Lab select | _____ |
| <input type="checkbox"/> _____ | _____ |

- | | |
|--|----------------|
| Clasps Options | Tooth # |
| <input type="checkbox"/> Lab select | _____ |
| <input type="checkbox"/> Metal | _____ |
| <input type="checkbox"/> Astron CLEARclasp | _____ |
| <input type="checkbox"/> Ball Clasp | _____ |
| <input type="checkbox"/> Wire Clasp | _____ |

Combination Crowns & Partials

- Fabricate RPD to fit restoration
 Future RPD:
 ___ Vitallium ___ Valplast ___ Attachments
 BruxZir Full-Strength (1,150 MPa)

Snoring/Sleep Apnea Appliances

- (Upper and lower models with
 protrusive bite required)
 Silent Nite® EMA dreamTAP

Nightguards/Retainers

- Upper Lower Scan/Save File
 Comfort H/S (hard/soft)* Comfort (hard)
 Soft nightguard
 Astron CLEARsplint
 Processed acrylic
 Color (\$10) _____

- | | |
|---|--|
| <input type="checkbox"/> Clear Retainers: | <input type="checkbox"/> quantity of 2 |
| Thickness (circle one): | <input type="checkbox"/> quantity of 4 |
| 0.8 mm 1.0 mm 1.5mm | <input type="checkbox"/> quantity of 6 |

- Essix Retainer Clear ortho
 Tooth Number: _____ Hawley

Signature: _____ License # _____

*Standard unless specified otherwise.

Terms: Net 30 days 1.5% service charge on 30 days past due. Cost of collection of any account will be paid by customer.

IN-LAB WORKING TIMES

Working times are NOT guaranteed and do NOT include weekends or holidays.

PFMs..... 5 days	Metal Partial Frame 7 days
Diagnostic Wax-Up..... 5 days	Metal Partial Frame with teeth and wax..... 9 days
PFMs w/ attachments 7 days	Metal Partial to finish..... 9 days
Custom abutments/Screw retained..... 8 days	Occlusion rims/Custom tray 4 days
All-ceramic/Zirconia restorations..... 5 days	Denture setup try-in 5 days
Veneers 5 days	Denture try-in to finish..... 5 days
Full-cast restorations 5 days	Sport mouthguards..... 5 days
Axi Provisionals..... 5 days	Comfort H/S Bite Splint..... 5 days
Screw-retained and over implant 6 days	Nightguards/Bleach trays/Retainers..... 5 days

To schedule a pick-up, call us at **800-294-1998**.

FOR LAB USE ONLY

DR. _____ ACCT. # _____

Item Check List

- | | |
|---|---|
| <input type="checkbox"/> Impression | <input type="checkbox"/> Shade Tab |
| <input type="checkbox"/> Pick-up impression | <input type="checkbox"/> Transfer Coping |
| <input type="checkbox"/> Model | <input type="checkbox"/> Photos |
| <input type="checkbox"/> Analog | <input type="checkbox"/> Wax-Up |
| <input type="checkbox"/> Bite | <input type="checkbox"/> Provisionals |
| <input type="checkbox"/> Facebow | <input type="checkbox"/> Articulators |
| <input type="checkbox"/> Jig | <input type="checkbox"/> Old Crown/abutment |
| <input type="checkbox"/> Stick Bite | <input type="checkbox"/> Other _____ |

AXI DENTAL LABORATORY TERMS & POLICIES

By signing or sending this Rx Form (or a substitute thereof) to Axi Dental Laboratory, I agree to abide by all of the following terms and policies. Axi Dental Laboratory is not liable for incidental or consequential damages, including inconvenience, lost wages, chair time, or pain and suffering.

TERMS

All statements must be paid in full by the last day of the month in which the statement was prepared. Amounts not paid will incur a 1.5% finance charge. If not paid by the end of the following month, all cases in progress will be put on hold and billed accordingly. All cases and items will remain the property of Axi until the account is paid in full. A \$35.00 minimum will be charged on all returned checks. All disputes shall be governed by California Law with the prevailing party to recover all fees and expenses.

WARRANTY POLICY

All warranty terms and conditions are subject to change without notice. Warranty starts on the invoice date. Most restorations completed at Axi Dental Laboratory are covered up to seven years. Check below for other warranty items including: Axi temps provisional (one year), composite materials (one year), thermoformed appliances, splints, and retainers (one year). This warranty is in lieu of all other warranties, whether expressed or implied, and may not be modified by any agent, employee, representative, or distributor of Axi Dental Laboratory.

REMAKE POLICY

Eligible remakes will be done at no charge if restoration is still under warranty. Original model(s) and dental restoration(s) must be returned for credit consideration. A new case will be billed if the remake is required due to any of the following: (1) There is a change of treatment plan, including a shade or product change that is different from the original request. (2) Lab questioned die, margin, impression, or bite and was advised to complete the case. (3) Lab requested a try-in, but the customer declined and asked for a completed case.

SHIPPING TERMS & POLICIES

The charge to ship using our label is \$7 per invoice EACH way. You may put as many cases as you wish into the box with one label. Price is subject to change without notice. Rush case charge varies per unit. We are not responsible for, and do not guarantee, the performance of independent shipping carriers.

IMPORTANT PRICING TERMS & CONDITIONS

*All prices are quoted/billed per stage. Some products are subject to additional fees, e.g. bridge connectors, additional implant parts, multiple stages, and metal surcharges. Fabrication starts the day Axi receives the case. Cases canceled after fabrication is initiated will remain billed at full cost.

Mandatory – PLEASE INCLUDE Licensed Dentist SIGNATURE and LICENSE NUMBER on Rx