

Quality Products  
at Amazing Prices.  
Case after Case.

Assured Dental Lab®

4252 SE INTERNATIONAL WAY, SUITE E  
MILWAUKIE, OR 97222

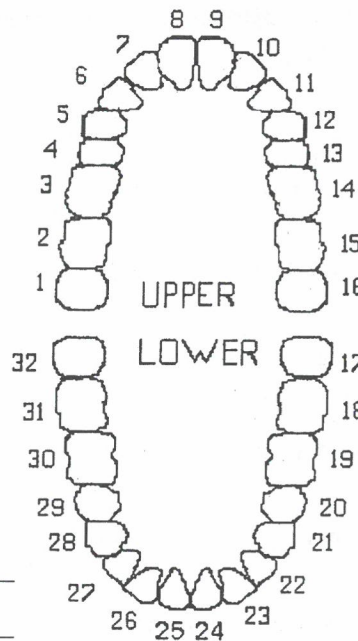
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Doctor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Patient \_\_\_\_\_

Date Sent \_\_\_\_\_  
Date Due \_\_\_\_\_  
Patient ID \_\_\_\_\_  
 MALE  FEMALE  
AGE: \_\_\_\_\_



**SPECIFIC INSTRUCTIONS**



**Tooth Shade**

Shaded Guide Name \_\_\_\_\_

Shade # \_\_\_\_\_

**Teeth Options**

Premium\* – Ivoclar Blueline  
Standard – Ivoclar Gnathostar  
Economy – Dentsply Classic

**Premium Denture & Flexible Partial Tissue Shades**

Pink\*  Medium Pink  
 Dark Pink  Clear

Doctor's Signature \_\_\_\_\_

License Number \_\_\_\_\_

**Aesthetic Flex Partial**

- Upper  Lower
- Set-up Only
- Set-up & Finish (1-4 units)
- Set-up & Finish (5-9 units)
- Finish Only
- Clasps
  - Clear
  - Tissue Colored\*

**Metal Cast Partial Frame**

- Upper  Lower
- Design Only
- Set-up Only
- Set-up & Finish
- Finish Only
- Partial Frame only
- Tooth Colored Clasp

**Treatment Partial**

- Flipper (1 tooth)

**Acrylic Partial Denture**

- Standard  Premium
- Upper  Lower
- Set-up  Finish

**Full Denture**

- Standard  Premium
- Upper  Lower
- Set-up  Finish

**Immediate Denture**

- Standard  Premium
- Upper  Lower
- Set-up  Finish
- Extract All
- Extract #'s \_\_\_\_\_

**Removable Extra**

- Custom Tray
- Bite Block
- Reline  Hard  Soft
- Add teeth to existing partial

**Attachments**

- ERA
- Hader Bar
- Locators

**Design Clasp**

- Lab Select\*
- RPI
- Roach
- Akers
- Hidden
- Other \_\_\_\_\_

**Major Connector**

- Lab Select\*
- Linqual Bar
- Linqual Plate
- Horseshoe
- Palatal Bar
- Double Palatal Bar
- Full Palate

**Orthodontics**

- Space Maintainer
- SportGuard
- Study Model
- Bleach Trays

**Nightguards**

- Dreamguard
- Talon® (Hard/Soft)
- Hard Acrylic
- Soft Acrylic

\*Protocol unless specified otherwise

**For Lab Use Only**

Net amount of invoice is due by the 20th of the month following invoice month. All balances not paid by the end of the month following invoice month are subject to C.O.D. status and a finance charge of 2% of the unpaid balance per month. I agree to pay reasonable attorney fees and collection costs if this account is referred for collection.

Prices subject to change without notice.

21-5204 (10/2021)

#### **Our Guarantee**

We guarantee your complete satisfaction with the workmanship and materials of the appliance you purchased. If, for any reason, the appliance is not acceptable at the time of receipt or at the time of insertion, we shall adjust, repair or replace the appliance at no charge. Simply return the prosthesis together with an explanation, your request for adjustment, repair or replacement.

*Our Remake Percentage is less than 2.5...well below industry standard.*

#### **What Is Not Covered**

Repairs, relines and transitional restoration. Cash refunds. Temporary replacements. Cost incurred for removal or reinsertion. Costs incurred by another laboratory. Breakage due to accident, neglect or abuse. Repairs necessitated by normal wear and/or failure of parts (i.e., implant components, precision attachments or connectors). Soft reline materials. Seals on Cu-Sil restorations. Failure of the supporting bone, tooth or tissue structure. Disinfection and packaging. Incidentals or consequential damages including inconvenience, lost wages or earnings, or pain and suffering.

#### **Limited Lifetime Warranty**

The oral appliance you purchased is warranted against defects in workmanship and materials. The repair or complete replacement of the appliance is covered. All-ceramic restorations are warranted for five years and dentures and acrylic partials are warranted for a two year period.