

Quality Products
at Amazing Prices.
Case after Case.

Assured Dental Lab®

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MILWAUKIE, OR 97222

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E-mail: lab@assuredpdx.com • www.assureddentallab.com

Doctor _____

Date Sent _____

Address _____

Date Due _____

City _____ State _____ Zip _____

Patient ID _____

Phone _____ E-mail _____

MALE

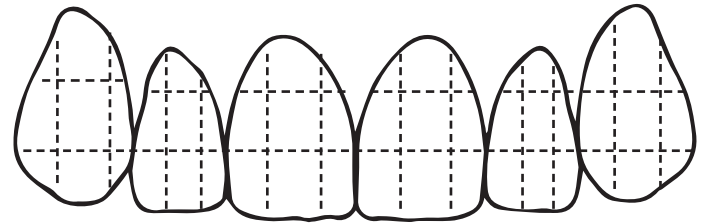
Patient _____

FEMALE



SPECIFIC INSTRUCTIONS

Shade Instructions

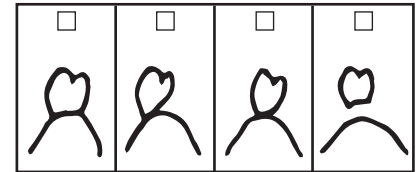


Photos sent to lab@assuredpdx.com

Occlusal Staining

- None
- Light
- Medium
- Dark

Pontic Design



Occlusion

- Heavy
- Light
- Out

Doctor's Signature _____

License Number _____

Included with Case

- Impression
- Models
- Bite
- Articulator
- Crown/Bridge
- Other _____

Metal Restorations

- Full Cast Non-Precious
 - Full-Cast Noble White
 - 2% Noble yellow gold
 - 40% Noble yellow gold
 - High Noble yellow
- Please call for full list*

Select Service Type

- Metal try-in
- Bisque Bake try-in
- Finished crown
- Design View

Metal-Free Restorations

- Z-BruX FCZ
- Aesthetic Z+ FCZ
- Aesthetic Z FCZ
- Layered Z-BruX, AZ+, AZ
- IPS emax®
- Layered IPS emax®

PFM Restorations

- High Noble Yellow
- High Noble White
- Noble White
- Non-Precious

Implants/Crowns/Bridges

- Screw retained
- Cement retained

Milled Gold Crowns

- Au 2
- Au 40
- Au 58

Custom Abutments

- Zirconia
- Titanium

Instructions for Buccal Margin

- Metal hairline or _____ mm
- Porcelain labial margin
(90° shoulder required)

Posterior Metal Design

- Full Porcelain Coverage
- Lingual metal collar
- Excluding buccal cusp
- Including buccal cusp

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.

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. Excluding all-ceramic restorations that are warranted for only a five-year period.