



CHOICE DENTAL LABORATORY

3016 Benson Road S, Renton, WA 98055

www.choice-lab.com

Toll Free: 1.855.748.1688 • Tel. 253.946.0903

Doctor / Office:

Phone :

Address:

Patient's Name:

Due Date :

- Fixed Services

All Ceramics

- ☐ E-max™
- ☐ Lava™
- ☐ HT Zirconia™
 - ☐ Full
 - ☐ w/Porcelain

☐ PFM (porcelain Fused Metal)

- ☐ FMC (Full Metal Crown)
 - ☐ Non Precious
 - ☐ Semi Precious
 - ☐ Yellow High Noble
 - ☐ 2% Yellow Gold

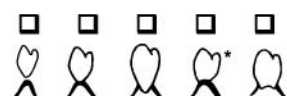
IMPLANT

- ☐ Myplant™ Custom Titanium Abutment
- ☐ Myplant™ Custom zirconia w/Ti-Insert Abutment
- ☐ Prepare existing Abutment
- ☐ Gold Abutment (UCLA)
- ☐ Myplant™ Package (Call for details)

METAL DESIGN



PONTIC DESIGN



OCCLUSAL CLEARANCE

- ☐ Out of Occlusion (0.5mm)
- ☐ Light Occlusion (0.3mm)*
- ☐ In Occlusion (touching opposing)

- Removable Services



SHADE : _____

OCCLUSAL STAINING:

- ☐ NONE*
- ☐ LIGHT
- ☐ MEDIUM
- ☐ DARK



CERTIFIED
DENTAL
LABORATORY



WSDH Registration #DLAB.FS.611.45514

Doctor's Signature: _____

Date: ____ / ____ / ____

* Lab standard unless specified otherwise

* 1.5% late charge for unpaid balance after closing statement



TERMS & CONDITIONS

By signing or sending this RX slip (or a substitute therefore) to CHOICE DENTAL LABORATORY, I agree to abide by all terms and conditions listed below. CHOICE DENTAL LABORATORY is not liable for incidental consequential damages, including inconvenience, lost wages, chairtime or pain and suffering.

TERMS:

All statements must be paid in full by the 22nd of the month in which the statement is prepared. Any amounts not paid by the last business day of such month will incur a 1.5% finance charge per month and the account will be automatically placed on C.O.D. terms. All cases will be billed in stages and will be paid in full according to stage. All cases and items sent remain the property of CHOICE DENTAL LABORATORY, until clients account is paid in full. A minimum of \$50.00 will be charged for returned checks. All disputes shall be governed in all respects by Washington law with Renton in Washington, with the prevailing party to recover attorney's fees, court costs and other expenses, including actual expert witness fees, if any, in addition to any other relief to which prevailing party may be entitled.

WHAT IS COVERED:

1. Repair or replacement of appliance.

WHAT IS NOT COVERED:

1. Cash refund for prosthesis.
2. Cost incurred for removal or insertion.
3. Repairs resulting from accident, neglect, abuse, failure of supportive tooth or tissue structures, improper adjustments or improper dental hygiene.
4. Incidental or consequential damages, including inconvenience, lost wages, chairtime or pain and suffering.
5. CHOICE DENTAL LABORATORY is not liable for any fixed prosthetic (over 5 units), or any removable prosthetic, that has not been appropriately fitted prior to process.
6. Repairs, relines, implants, immediate dentures, immediate partials and appliances partially fabricated or completely fabricated by another lab other than CHOICE DENTAL LABORATORY.

CONDITIONS WHICH MUST BE MET FOR WARRANTY TO APPLY:

1. Prostheses must be inserted by a licensed, practicing dentist.
2. Patient must adhere to semi-annual dental maintenance (cleaning and exam) program, in the office of all licensed and practicing dentist.
3. The maintenance schedule on this certificate must be documented by the attending dentist each visit to validate this warranty.
4. Dental prosthetic must be returned with model work in order for any credit to be issued.

Warranty is for 1 year from delivery date. 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 CHOICE DENTAL LABORATORY.