REQUIRED INFOR	RMATION —	C East Edge
Doctor:Lic. #:	Account #:	East Edge Dental Laboratory
Address:	Due Date (by 5 pm):	280 Dobbs Ferry Road Suite 305, White Plains, NY 10607
City/State/Zip:	_ Turnaround Time: ☐ Fixed (10 Days) ☐ Removables (10 Days)	Main (914) 821-5570 • Fax (888) 589-8555 EastEdgeDentalLab.com • customerservice@EastEdgeDentalLab.com
Phone:	_ Rx Date: Patient Next Appt.:	Call Today for a Case Pick-up!
Dr. Signature^:	Patient Name:/	(888) 433-5978
CROWN & BRIDGE	SPECIAL INSTRUCTIONS	IMPORTANT: Please call ahead to arrange rush cases.  REMOVABLE PROSTHETICS
SELECT: CROWN BRIDGE INLAY/ONLAY VENEER	тоотн #:	SELECT:   FULL DENTURE   PARTIAL   UNILATERAL
ZIRCONIA    Full Contour Zirconia   Lithium Disilicate   Non-Precious   Semi-Precious   Semi-Precious   White Gold HN   Yellow Gold HN     PORCELAIN TO METAL   C & B EXTRAS   MARYLAND BRIDGE	SHADE:	TISSUE SHADE: SELECT STAGE: UPGRADE TO PREMIUM   Light Pink
Non-Precious Rest COMPOSITE  Semi-Precious Wing  White Gold HN Fit to Partial TEMPORARY  Yellow Gold HN Diagnostic Wax-up  IMPLANTS (Servicing All Major Implant Brands)  FCZ & Titanium Abutment Bundle (Crown, Abutment, Screw, Analog, Tissue Model, Labor)	5 4 12 20 3 3 14 19 30 2 Upper 15 18 16 17 18 Lower 32	NON-METAL PARTIALS  Flexible Partial  Standard  Premium  ACRYLIC PARTIALS  Flipper (1 Tooth)  Stayplate* (2-5 Teeth)  Acrylic Partial* (6+ Teeth)  Extract All  Extract tooth #
CUSTOM/SELECT ABUTMENT: Titanium Zirconia  Stock Abutment Size  Parts Supplied by Doctor Manufacturer  FIXED CASE SPECIFICATION	□ REDO CASE	*Includes wire clasps  CAST METAL PARTIALS  Cast Metal (Chrome Cobalt)  Vitallium 2000  COMBO PARTIALS  BITESOFT SPLINT THERAPY (Upper Arch only)  Anterior  SELECT:  Dual Laminate  Thermo-lined
SELECT Complete Porcelain Bake Glaze / Polish STAGE: MTI / Coping Bisque Bake Finish		☐ Cast Metal Frame  W/Flexible Saddles/Clasps  NIGHT GUARDS  Hard ☐ Soft
BUCCAL MARGIN  Porcelain Butt Margin  360° Porcelain Butt Margin  Medium  None  METAL DESIGN		CLASP DESIGN  Lab Select RPI SPORTS GUARD Roach Akers Pro-Form Sports Guard  MAJOR CONNECTOR Lab Select Full Palate Lingual Plate
No Mtl. 360 Mtl. Metal Metal Lingual Anterior Collar Cusp. Cusp.		
Full Modified No No Point Ovate Ridge Ridge Ridge Contact Contact  OCCLUSAL CLEARANCE CONTACT IF INSUFFICIENT ROOM: Light Light Adjust Opposing	☐ HIGH PRIORITY CASE UPGRADE* (+\$10)  REDO: ☐ Yes ☐ No	Cusil # Rebase Repair  CASE MATERIALS ENCLOSED: Impressions Bite Registration Models Implant Parts
☐ Open     ☐ Medium     ☐ Reduction Coping       ☐ Tight     ☐ Heavy     ☐ Metal Occlusal / Lingual	ORIGINAL PRODUCT ENCLOSED: Yes No	REQUEST FREE SUPPLIES:  Rx Forms Case Boxes FedEx Labels

TURNAROUND TIME	Days InLa
Fixed	10
Removable	10
Implants*	10+

<sup>\*</sup>Additional time maybe required to order parts.

Excludes Weekends & Holidays. Working times are not guaranteed.

**Please Note:** A case requiring a call from a technician or scheduling department may cause delays to the fabrication process.

# RUSH SERVICES/FEES\* Days InLab

"Rush 25" - \$25 Per Unit/Per Arch

\*Rush services/fees are not available for all products and subject to change during the holiday seasons. To arrange rush service for your case, contact Trident Dental Scheduling Department. Rush fees not subject to credit.

#### HIGH PRIORITY CASE UPGRADE

# **Priority Case Details:**

- 1 Less working day in the lab
- Extra QC during production
- Production manager final QC
- Priority case seal and packaging

### \*IMPORTANT INFORMATION

All prices are subject to change without notice and are quoted as complete (one stage) or one unit. Some products are subject to additional fees, e.g., C & B and removable extras, attachments and additional implant parts, multiple stages, and metal surcharges.

\*All cases are delivered next day air by 5 pm to your office. Additional time and fees may apply to outlying areas. Alaska, Hawaii and International excluded.

## **EAST EDGE DENTAL LAB TERMS & POLICIES^**

By signing or sending this Rx slip (or a substitute therefore) to East Edge Dental Lab (d.b.a. East Edge Dental Lab), I agree to abide by all terms and policies listed below.

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 2% finance chargeper 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 East Edge Dental Laboratory, until client's 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 New York law and client agrees to submit to the exclusive jurisdiction of, and venue in the County of Westchester, State of New York in any dispute, 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.

Please visit **eastedgedentallab.com** for complete warranty and remake information.