



REQUIRED INFORMATION

Doctor: _____ Lic. #: _____ Account #: _____
 Address: _____ Due Date (by 5 pm): _____
 City/State/Zip: _____ Turnaround Time: ☐ Fixed (10 Days) ☐ Removables (10 Days)
 Phone: _____ Rx Date: _____ Patient Next Appt.: _____
 Dr. Signature^: _____ Patient Name: _____ / _____ ☐ M ☐ F

CROWN & BRIDGE

SELECT: ☐ CROWN ☐ BRIDGE ☐ INLAY/ONLAY ☐ VENEER

ZIRCONIA

- ☐ Full Contour Zirconia
☐ Zirconia Aesthetic ML
☐ Zirconia Layered (PFZ)

ALL-CERAMIC

- ☐ Lithium Disilicate

FULL CAST

- ☐ Non-Precious
☐ Semi-Precious
☐ White Gold HN
☐ Yellow Gold HN

PORCELAIN TO METAL

- ☐ Non-Precious
☐ Semi-Precious
☐ White Gold HN
☐ Yellow Gold HN

C & B EXTRAS

- ☐ Rest
☐ Wing
☐ Fit to Partial
☐ Diagnostic Wax-up

MARYLAND BRIDGE

- ☐ COMPOSITE
☐ TEMPORARY

IMPLANTS (Servicing All Major Implant Brands)

- ☐ FCZ & Titanium Abutment Bundle (Crown, Abutment, Screw, Analog, Tissue Model, Labor)

CUSTOM/SELECT ABUTMENT:

- ☐ Titanium ☐ Zirconia

- ☐ Stock Abutment
☐ Custom Abutment
☐ Parts Supplied by Doctor
 Size _____
 Manufacturer _____

FIXED CASE SPECIFICATION

SELECT STAGE: ☐ Complete ☐ Porcelain Bake ☐ Glaze / Polish
☐ MTI / Coping ☐ Bisque Bake ☐ Finish

BUCCAL MARGIN

- ☐ Porcelain Butt Margin
☐ 360° Porcelain Butt Margin

STAINING

- ☐ Light ☐ Heavy
☐ Medium ☐ None

METAL DESIGN



PONTIC DESIGN



OCCUSAL CLEARANCE

- ☐ Light
☐ Open
☐ Tight

CONTACT

- ☐ Light
☐ Medium
☐ Heavy

IF INSUFFICIENT ROOM:

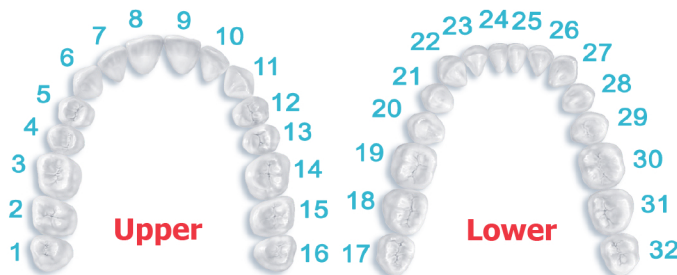
- ☐ Adjust Opposing
☐ Reduction Coping
☐ Metal Occlusal / Lingual

SPECIAL INSTRUCTIONS

TOOTH #: _____

SHADE: _____

STUMPSHADE: _____



☐ REDO CASE

REDO: ☐ Yes ☐ No

ORIGINAL PRODUCT ENCLOSED: ☐ Yes ☐ No



4520 Parkbreeze Ct., Orlando, FL 32808
 Main (914) 821-5570 • Fax (888) 589-8555
 EastEdgeDentalLab.com • customerservice@EastEdgeDentalLab.com

Call Today for a Case Pick-up!

(888) 433-5978

IMPORTANT: Please call ahead to arrange rush cases.

REMOVABLE PROSTHETICS

SELECT: ☐ FULL DENTURE ☐ PARTIAL ☐ UNILATERAL

TISSUE SHADE:

- ☐ Light Pink
☐ Pink
☐ Ethnic

SELECT STAGE:

- ☐ Complete (One Stage)
☐ Set to Enclosed Frame
☐ Wax Try-in w/Teeth
☐ Frame Try-in
☐ Final Process

☐ **UPGRADE TO PREMIUM TEETH**

NON-METAL PARTIALS

- ☐ Flexible Partial

ACRYLIC PARTIALS

- ☐ Flipper (1 Tooth)
☐ Stayplate* (2-5 Teeth)
☐ Acrylic Partial* (6+ Teeth)
 *Includes wire clasps

CAST METAL PARTIALS

- ☐ Cast Metal (Chrome Cobalt)
☐ Vitallium 2000

COMBO PARTIALS

- ☐ Cast Metal Frame
 w/Flexible Saddles/Clasps

FULL DENTURES

- ☐ Standard
☐ Premium
☐ Digital

IMMEDIATES

- ☐ Extract All
☐ Extract tooth # _____

BITESOFT SPLINT THERAPY (Upper Arch only)

- ☐ Anterior ☐ Full Arch
 SELECT: ☐ Dual Laminate
☐ Thermo-lined

NIGHT GUARDS

- ☐ Hard ☐ Soft
☐ Soft/Hard

SPORTS GUARD

- ☐ Pro-Form Sports Guard

CLASP DESIGN

- ☐ Lab Select ☐ RPI
☐ Roach ☐ Akers

MAJOR CONNECTOR

- ☐ Lab Select ☐ Full Palate ☐ Lingual Plate
☐ Horseshoe ☐ Lingual Bar ☐ A-P Bar
☐ Palatal Strap

REMOVABLE EXTRAS

- ☐ Wax Bite Block ☐ Custom Tray ☐ Reline Hard
☐ Wax Bite Rim ☐ Bleach Tray ☐ Reline Soft
☐ Cusil # _____ ☐ Rebase ☐ Repair

CASE MATERIALS ENCLOSED:

- ☐ Impressions ☐ Bite Registration ☐ Models ☐ Implant Parts

REQUEST FREE SUPPLIES:

- ☐ Rx Forms ☐ Case Boxes ☐ FedEx Labels

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

* 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 5

▲ 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.

***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.