

Today's Date: \_\_\_\_\_ Due Date: \_\_\_\_\_ AM PM

DENTIST INFORMATION:

Bill to Dr: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

PATIENT INFORMATION:

Patient's Name: \_\_\_\_\_  
Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age: \_\_\_\_\_ Shade: \_\_\_\_\_ Mold: \_\_\_\_\_



Toll Free: 877.825.8001 T: 781.245.4242 F: 781.245.4227  
15 Lincoln Street, Suite 255 Wakefield, MA 01880  
www.val-u-dent.com

Detailed Photos and Study Models encouraged. All information below is required. Incomplete information may cause delay.

PROCEDURES:

- Try-In
- Bisq Bake
- Frame w/bite
- Bite Rim
- Finish
- Adjustment
- Custom Tray

CROWN & BRIDGE:

- PFM:  Non-Precious  White Gold  75% AU  
 Semi-Precious  Captek  96% AU

FULL CAST:

- Non-Precious  High Noble  Noble

- ALL CERAMIC:  IPS Empress  Wol-Ceram

- CAD/CAM:  Zirconia  Alumina

- METAL DESIGN:  Full micro  360 Standard  
 Occlusal  Lingual Collar  
 No Metal  Lingual Metal

- PORCELAIN MARGIN:  180  360

IF SPACE IS LIMITED:

- Reduce Opposing  Reduction coping  Call me

PARTIALS/DENTURES:

PARTIAL DENTURES:

- Complete standard  Complete w/Vitallium

ACRYLIC PARTIALS:

- With Wrought wire  Without Wrought wire

DENTURES:

- Standard  Set-up only  Finish only

FLEXIBLE PARTIALS:

- Valplast  Set-up only  Finish only

NIGHTGUARDS:

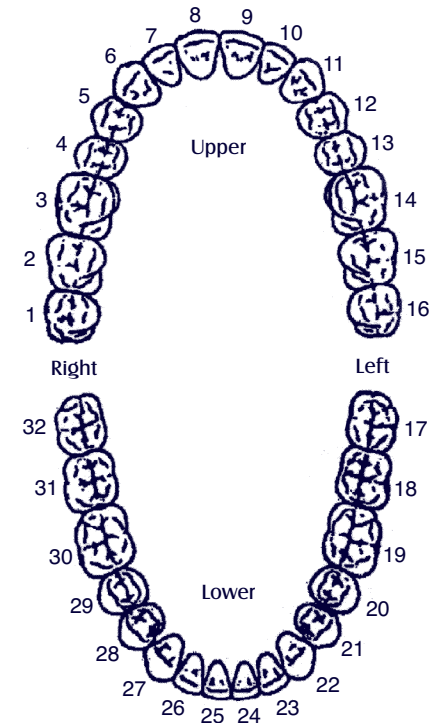
- Acrylic  Valplast  Hard/Soft

INSTRUCTIONS:

Base Shade: \_\_\_\_\_

Value: \_\_\_\_\_

Stamp: \_\_\_\_\_



Call Me! I would like to speak with: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_ License #: \_\_\_\_\_

The person signing this authorization accepts sole responsibilities for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees and also agrees to the terms and conditions on the reverse side of this form.

NOTE: Retain one sheet for your records and return the other sheet(s) with the work to be completed. Please use black or blue ink when completing this form.

PLEASE SEND: RX's:  Air bills:  Shipping supplies:  Other: \_\_\_\_\_

**TERMS & CONDITIONS**

By submitting this form to Val-U-Dent Dental Laboratories of Wakefield, Massachusetts and signing it the Dentist agrees to a contract for the sale and delivery of the custom manufactured Cases mentioned herein as "Case". The Services and Dental Prosthetic Cases provided by Val-U-Dent Dental Laboratories of Wakefield, Massachusetts (herein referred to as "Laboratory") are subject to the following terms and conditions:

- Laboratory warrants that the Case(s) shall be free of defects in materials and workmanship at the time of delivery. Except as expressly warranted herein, Laboratory makes no representations or warranties that the Case(s) will be fit for a particular purpose or of merchantability.
- Payment is due in full upon receipt of Case(s). Dentist agrees to pay in full the stated price of the Case(s) or Service(s) together with any interest thereon and all costs of collection, including but not limited to reasonable attorney's fees. Interest of 2.0% per month shall be charged on any unpaid balance outstanding for more than thirty (30) days from date of invoice.
- In the event that any order submitted by Dentist is cancelled for any reason before shipment, Dentist shall pay the reasonable value of all work performed prior to receipt by Laboratory the notice of cancellation of the order by Laboratory.
- Dentist has the right to inspect Case(s) prior to acceptance provided that notice of non-acceptance or non-conformance of the Case(s) shall be communicated to Laboratory within a reasonable time (not to exceed 10 business days) after receipt by Dentist. Any action other than unequivocal notice of non-acceptance shall be deemed to be acceptance.
- Notice by Dentist of a non-conforming Case shall include a specific and detailed statement of the reason for rejection. Laboratory shall be given the opportunity to correct the defect or to replace the Case(s) (at Laboratory's sole discretion) with a conforming Case(s), within a reasonable time and at the Laboratory cost \*(restrictions apply). Where the cause of the non-conforming Case(s) cannot be clearly and reasonably identified as due to either the fault of Laboratory or Dentist, the cost of remaking the Case(s) shall be borne equally by the parties hereto.
- Should Laboratory fail to provide a conforming Case(s) in a reasonable time, Dentist's remedy is limited to the return of all original items submitted to Laboratory and repayment of the contract price.
- Where Dentist requests re-manufacture or repair of the Case(s), Dentist shall resubmit all originals to Laboratory including but not limited to original impressions, models and restoration(s).
- Dentist must thoroughly and carefully disinfect all materials used in the mouth before sending them to the Laboratory and again when returned from the Laboratory before placement in patient's mouth.
- Case(s) will be shipped F.O.B. by common carrier, unless the parties agree to other arrangements before the date of shipment. Laboratory shall bear the expense of transporting Case(s) from the dental office to the laboratory. Thereafter Dentist shall bear the expense of transporting Case(s) back to the dental office.
- Any controversy or claim arising out of or relating to this contract or the breach thereof shall be settled by arbitration to be held in Wakefield, Massachusetts, in accordance with the Rules of the American Arbitration Association. A judgment upon the award rendered by the arbitrator(s) may be entered in any Court having jurisdiction thereof. The arbitrator(s) will be selected from a panel of persons having experience with and knowledge of dentistry and dental technology. The language of the arbitration shall be English.
- This agreement shall be construed, interpreted and enforced under the laws of the State of Massachusetts with the same force and effect as if fully executed and to be fully performed therein. Dentist and Laboratory agree that the proper jurisdiction for resolution of any dispute hereunder shall be in the State of Massachusetts.
- If any provision of this Agreement is held invalid, unenforceable or void by a court or competent jurisdiction, such circumstances shall not affect the validity of any of the remaining provisions of this Agreement.
- Laboratory has not made any representation, warranty, covenant or guarantee of any nature whatsoever, express or implied, in connection with or relating to the Cases or services to be performed hereunder except as expressly set forth herein. This Agreement cannot be modified except by a written instrument signed by Laboratory.

**\*WHAT IS NOT COVERED?**

- Cases where a reduction coping is required
- Cost incurred for removal or reinsertion
- Cases where failure occurs due to debonding or poor occlusion
- Replacement restoration(s) or appliance(s) where no defect in material or workmanship is documented
- Incidental or consequential damages, including inconvenience, lost wages, or pain and suffering

**IN-LAB WORKING DAYS**

Please allow for the full working time on each type of Case In-Lab. Combination cases including different types of restorations or appliances will require full working time for each Case selected. Working times do not include Weekends or Holidays. We do not count the day we receive the case as a working day in the laboratory. Rush\* Services available on most Cases for an extra charge but must be pre-scheduled with Lab Manager. To pre-schedule your rush case, please call Lab Manager.

**RUSH SERVICE**

Rush service is limited to 4 units. Cases required within 7 In-Lab days are subject to additional \$30.00 per unit surcharge. Cases required within 5 In-Lab days are subject to additional \$50.00 per unit rush surcharge. Val-U-Dent Laboratories does not rush CAD/CAM or Implant restorations. Rush surcharge is subject to change without notice during the holidays.

Product Name	Full Day(s) in Lab
Porcelain Fused to Metal	10
Full Cast	10
All-Ceramic	12
Zirconia/Alumina	12
Composite	07
Wol-Ceram	10
Dentures	12
Acrylic Partials	12
Cast Partials	12
Flexible Partials	12
Night Guards	10
Bite Blocks	07
Trays	07
Implants	Call for Schedule

**FOR LAB USE ONLY**

**TELEPHONE CALL RECORD**

Doctor Name: \_\_\_\_\_ Date of Call: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Caller: \_\_\_\_\_

Reference: \_\_\_\_\_

Result: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Pan #: \_\_\_\_\_ Initials: \_\_\_\_\_ Time: \_\_\_\_\_

RECEIVED: \_\_\_\_\_ SHIPPED: \_\_\_\_\_ TIME: \_\_\_\_\_

**ALLOY AND WEIGHT:**

Precious White \_\_\_\_\_  Precious Yellow \_\_\_\_\_  Ingot \_\_\_\_\_

SHADE DATE: \_\_\_\_\_

CUSTOM FINISH: \_\_\_\_\_ hr \_\_\_\_\_ min

**ENCLOSED WITH CASE:**

- |  |                              |                                     |                                     |
|--|------------------------------|-------------------------------------|-------------------------------------|
| <input type="radio"/> Impression Trays | <input type="radio"/> Bites  | <input type="radio"/> Models (U/L)  | <input type="radio"/> Restorations  |
| <input type="radio"/> Dies             | <input type="radio"/> Photos | <input type="radio"/> Wax-Up Models | <input type="radio"/> Implant Parts |
| <input type="radio"/> Articulator      | Qty: _____                   | Make: _____                         |                                     |

Serial #: \_\_\_\_\_ Box: \_\_\_\_\_