



(800) 367-0970

(330) 253-1810 FAX (330) 253-1669

261 South Avenue
PO Box 418
Tallmadge, Ohio 44278

uniteddentallabs.com

PLEASE SELECT:

CROWN RESTORATIONS

Zirconia

- ☐ SimplyZ - Anterior
- ☐ SimplyZ - Posterior
- ☐ SimplyZ - Layered
- ☐ AdvantageZ - Posterior

IPS e.max

- ☐ Full Crown
- ☐ Veneer

PFM

- ☐ Metal Try-in
- ☐ Bisque
- ☐ Porcelain Butt Margin (90° Degree Shoulder Required)
- ☐ Full Cast
- ☐ Temporary
- ☐ Diagnostic wax-up

ALLOY SELECTION

- PFM** ☐ Base/NP (white) ☐ Noble (white)
☐ High Noble ☐ (white) ☐ (yellow)

- FULL CAST** ☐ Base/NP (white) ☐ Noble (white)
☐ Noble (yellow 2% Au)
☐ High Noble (yellow 58% Au)

IMPLANT ABUTMENT

- ☐ Titanium
- ☐ Gold Anodized
- ☐ Zirconia

EMERGENCE DESIGN

- ☐ Blanching (Default)
- ☐ Ideal
- ☐ No Blanching

SCREW RETAINED

- ☐ SimplyZ
- ☐ IPS e.max
- ☐ PFM

PLEASE SEND A COPY OF THE SURGICAL NOTE

VITALLIUM 2000 PARTIALS

- ☐ Upper
- ☐ Lower
- ☐ Frame Try-In
- ☐ Frame w/Occlusion Rim
- ☐ Frame w/ Teeth Try-In
- ☐ Finish
- ☐ Repair/Addition
- ☐ EsthetiClasp
- ☐ Design
- ☐ DuraFlex Clasp
- ☐ VisiClear Clasp
- ☐ Tooth-Colored Clasp

FLEXIBLE PARTIALS

- ☐ Upper
- ☐ Lower
- ☐ Teeth Try-in
- ☐ DuraFlex Finish

DENTURES

- ☐ Upper
- ☐ Lower
- ☐ Immediate
- ☐ Advantage Denture
- ☐ Custom Tray
- ☐ Occlusion Rim
- ☐ Set-Up/Try-In
- ☐ Reset/Try-In
- ☐ Reset/Finish
- ☐ Complete Set-Up
- ☐ Finish
- ☐ Finish/Ethnic Shade ▼
 - ☐ Mild ☐ Moderate ☐ Heavy
- ☐ Flipper
- ☐ Wrought Wire Clasp
- ☐ Repair
- ☐ Reline
- ☐ Soft Reline
- ☐ Soft Clasp
- ☐ Jump/Rebase

APPLIANCES

- ☐ Bite Splint-Hard hand waxed
- ☐ Comfort H/S Bite Splint
- ☐ Mouthguard
- ☐ Bleaching Tray

☐ Implant Surgical Guide

In-lab time on reverse side.

Dr.

Dr.'s Email _____

SPECIAL ENCLOSURES

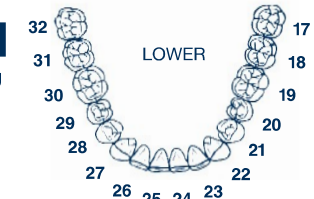
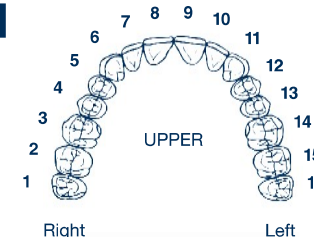
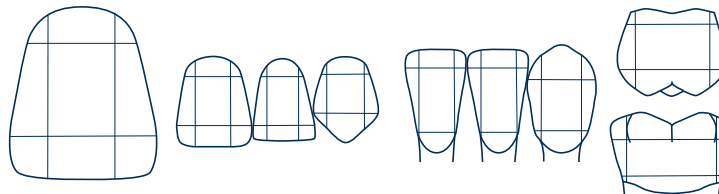
- ☐ Photo(s)
- ☐ Impression
- ☐ Models
- ☐ Bite
- ☐ Analog
- ☐ Wax Sleeve
- ☐ Abutment
- ☐ Other _____

PATIENT _____ AGE _____ ☐ M ☐ F

	MON	TUE	WED	THU	FRI	
DUE DATE						<input type="radio"/> A.M. <input type="radio"/> P.M.

SHADE	PREP SHADE	TOOTH #	MOULD	TYPE OF TOOTH
	Required for All Ceramics			

COLOR MAPPING



IF INSUFFICIENT CLEARANCE

- ☐ Please Call
- ☐ Reduce Opposing/Mark
- ☐ Metal Island
- ☐ Reduction Coping

☐ Call Me Before Starting Case

☐ Emailing Photos (Email to: images@uniteddentallabs.com)

SEND ☐ Prescriptions ☐ Boxes ☐ Shipping Labels

*Doctor's Signature: _____

Doctor's License #: _____ Date: ____/____/____

*Your signature indicates that you have read and agreed to the Business Information on the reverse side of this form.



BUSINESS INFORMATION

This prescription evidences a contract for the sale and delivery of the specially-manufactured goods mentioned herein, and subject to the following terms and conditions:

All accounts are due and payable within 15 days of statement date. Balances past 30 days will be subject to C.O.D. status. A service charge of 1.5% per month (annual rate 18%) will be applied to an unpaid balance.

Client agrees to pay, in full, the stated price of the goods, plus any late payment penalties, plus all costs of collection including attorney's fees, if any.

Each order or work authorized filled, or appliance made, constitutes a complete and separate transaction to be billed and collected as such. Acceptance of new orders by **United Dental Laboratories, Inc.** shall not represent any accord and satisfaction and shall not relieve the Customer of indebtedness to **United Dental Laboratories, Inc.**

Any use, sale, transfer, modification of the appliance or failure to reasonably notify and return the appliance within 14 days to **United Dental Laboratories, Inc.** shall constitute acceptance.

Any defects in returned goods must be particularized and **United Dental Laboratories Inc.** retains the right to effect cure of the defect.

Client dentist must examine all appliances and determine their fitness for any intended usage. THERE ARE NO EXPRESS WARRANTIES AND NO IMPLIED WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE GIVEN BY **United Dental Laboratories, Inc.**

This transaction shall be governed by the laws of Ohio. Acceptance of the goods constitutes acceptance of all items and conditions herein. This writing evidences the complete and final expression of the agreement.

United Dental Laboratories, Inc. does not charge for remakes for one year from invoice date except for the following situations:

- When questionable impression, dies, margin or bite registration is approved to go to finish.
- Metal try-ins requested but approved to finish case.
- Teeth have been re-prepared.
- Shade change from original prescription.
- Partial fits master cast, but not in the mouth.

Fed ID NO. 34-0589280



IN LAB WORKING TIME

Please follow full inlab working time for each product. Please do not count transportation time, Fridays, weekends, and holidays as working days.

OUR TECHNICAL STAFF IS IN THE LAB MONDAYS THROUGH THURSDAYS ONLY.

CROWN RESTORATIONS	DAYS
Zirconia - SimplyZ, AdvantageZ - Anterior or Posterior	5
SimplyZ Layered.....	7
IPS e.Max.....	6
PFM's.....	7
Full Cast Crowns	4
Diagnostic Wax-up	3

Please Allow 3 Additional Days for Cases with 5 Units or More

TEMPS	
Acrylic - CAD	7

REMOVABLE	
Partial Framework Only.....	5
Partial Set-Up.....	3
Partial Finish.....	3
Partial Repair/Addition.....	3
Flexible Partial Set-Up.....	3
Flexible Partial Finish.....	3
Custom Tray.....	1
Occlusion Rim.....	1
Denture Set-Up.....	3
Denture Reset.....	2
Denture Finish.....	3
Soft Clasp (Additional to Denture Finish).....	1
Duplicate Denture (Additional to Denture Finish).....	2
Flipper.....	3
Implant Surgical Guide.....	4
Bite Splint — Hard (Hand Waxed).....	4
Comfort H/S Bite Splint — Mouthguard.....	2
Repairs — Simple (1–3 Teeth).....	1
Reline.....	1
Soft Reline.....	2
Jump Rebase Denture.....	3

IMPLANTS
PLEASE CALL FOR SCHEDULE BEFORE APPOINTING PATIENTS.

In emergency cases exceptions can be made to this time schedule. Multiple units and precision cases necessitate additional time. When in doubt, verify schedule before making an appointment. Thank you.

FM4-4.3-000-01