



Today's Date: _____

Due Date: _____

Appt Date: _____

Please do not schedule on due date

Doctor _____ Location _____

Patient _____ Tooth# _____

FIXED RX

<input type="checkbox"/> Diagnostic Wax up <input type="checkbox"/> Temporaries <input type="checkbox"/> Finals <input type="checkbox"/> Send Approval <input type="checkbox"/> Custom Shade Appointment Included: <input type="checkbox"/> Photos Emailed <input type="checkbox"/> Impression <input type="checkbox"/> Bite <input type="checkbox"/> Opposing <input type="checkbox"/> Shade <input type="checkbox"/> Bite registration <input type="checkbox"/> Other _____ Final Shade _____ Stump Shade _____	Material: <input type="checkbox"/> e.Max <input type="checkbox"/> Zirconia <input type="checkbox"/> PFZ <input type="checkbox"/> Ultra-trans Zirc <input type="checkbox"/> PMMA Restoration Type <input type="checkbox"/> Crown <input type="checkbox"/> Bridge <input type="checkbox"/> Veneer <input type="checkbox"/> Inlay/ Onlay <input type="checkbox"/> Implant Insufficient Room <input type="checkbox"/> Reduce & Mark <input type="checkbox"/> Reduction Coping Case Will Not Draw <input type="checkbox"/> Reduction Coping <input type="checkbox"/> Please call	Occlusal Contact <input type="checkbox"/> No contact <input type="checkbox"/> Heavy <input type="checkbox"/> Medium <input type="checkbox"/> Light Interproximal Contact <input type="checkbox"/> Broad <input type="checkbox"/> Heavy <input type="checkbox"/> Light <input type="checkbox"/> Point Pontic Design <input type="checkbox"/> Ridge Lap <input type="checkbox"/> Ovate <input type="checkbox"/> Hygienic <input type="checkbox"/> Harmony	Implant Brand/ Platform <hr/> Abutment Type <input type="checkbox"/> Custom <input type="checkbox"/> Ti-base <input type="checkbox"/> Lab Choice Implant Design <input type="checkbox"/> Screw Retained <input type="checkbox"/> Cement Retained Abutment Material <input type="checkbox"/> Titanium <input type="checkbox"/> Zirconia <input type="checkbox"/> Gold Hue Implant Emergence <input type="checkbox"/> Tissue Displacement <input type="checkbox"/> No/ Minimal Tissue Displacement <input type="checkbox"/> Surgical Placement
--	--	--	--

Additional Instructions:

Dr's Signature _____

License # _____

Refund & Warranty Policy

The cost for fabricating custom-made dental appliances cannot be refunded. A credit may be issued by Mid-South Dental Lab directly to a customer's account when cases do not meet MSDL's standards for quality, function and aesthetics. Any credit balance on a MSDL account must be used for lab services within 60 days from the date of issue or it will expire.

*Immediate partials, dentures, and veneers are ineligible for refund credit.

Remake Policy

Eligible remakes will be done at no charge if received within 30 days of invoice date. Original model(s) and dental restoration(s) must be returned for credit consideration.

New case will be billed if remake is required due to any of the following:

1. There is a shade or product change different from the original request
2. Lab questioned die, margin, impression or bite and was advised to complete case
3. Lab requested a try-in, customer declined and asked for a completed case
4. Abutment required reduction due to undercuts/clearance and/or the teeth were re-prepped
5. The partial/ denture fits the master cast

Payment Policy

All accounts are payable within 15 days of the statement date.

Accounts not paid within the stated terms will be subject to a finance charge of 3% of the unpaid balance.

We accept cash, checks, and all major credit cards.

Automatic billing is available upon request with a sign form.

Customer is responsible for any related collection costs/ attorney fee if an account is sent to 3rd party collections.

Rush Fee

A rush fee will automatically be applied to any case outside of our normal turnaround times.

Please be advised that the turnaround time is determined based off the day we receive the case in lab.

We cannot guarantee any unapproved rush cases.

Please call the lab for approval before sending.

Rush fees start at \$50 are subject to change depending on the case.

You are accepting all policies when you send us a case.

Important Pricing Terms and Conditions

All prices are quoted/billed per stage. Some products are subject to additional fees, e.g. bridge connectors, additional implant parts, multiple stages, and metal surcharges. Fabrication starts the day MSDL receives the case. Cases cancelled after fabrication is initiated will remain billed at full cost

Turn Around Times

Crown and Bridge	10 days in lab
Implants	16 days in lab
Bite Rim/ Custom Trays	4 days in lab
Wax Try-In	7 days in lab
Process from Wax Try-In	7 days in lab
Immediate Partial/ Denture	7 days in lab
Flexible Process/ Immediate	12 days in lab
Cast Frame Fabrication	12 days in lab
Repair/ Reline	2 days in lab

*Working times are NOT guaranteed and do NOT include weekends or holidays. *Any cases with no due date listed may be subject to up to 2 extra production days.