



Please refer to our due date calendar on our website for proper turnaround times to avoid any rush fees

Doctor \_\_\_\_\_ Location \_\_\_\_\_

Patient \_\_\_\_\_ Photos Sent? \_\_\_\_\_

**DENTURES**

<p><b>Arch</b></p> <input type="checkbox"/> Upper <input type="checkbox"/> Lower	<p><b>Step</b></p> <input type="checkbox"/> Custom Tray <input type="checkbox"/> Bite Rims <input type="checkbox"/> Setup <input type="checkbox"/> Reset <input type="checkbox"/> Process	<p><b>Additional Items</b></p> <input type="checkbox"/> Reline <input type="checkbox"/> Rebase/ Resaddle <input type="checkbox"/> Repair Tooth <input type="checkbox"/> Repair Crack <input type="checkbox"/> Add Metal Framework <input type="checkbox"/> Clear Duplicate <input type="checkbox"/> Attachments Brand _____
<p><b>Product</b></p> <input type="checkbox"/> Premium Denture <input type="checkbox"/> Economy Denture	<p><b>Extractions</b></p> <input type="checkbox"/> Remove from Model Now <input type="checkbox"/> Remove at Final Process	<p>Circle the Appropriate Shape</p>
<p><b>Gender</b></p> <input type="checkbox"/> Male <input type="checkbox"/> Female	<p><b>Occlusion</b></p> <input type="checkbox"/> Balanced <input type="checkbox"/> Lingualized <input type="checkbox"/> Flat Plane	
<p><b>Acrylic Shade</b></p> <input type="checkbox"/> Pink <input type="checkbox"/> Meharry		
<p><b>Tooth Shade</b> _____</p>		

**PARTIALS**

<p><b>Arch</b></p> <input type="checkbox"/> Upper <input type="checkbox"/> Lower	<p><b>Step</b></p> <input type="checkbox"/> Custom Tray <input type="checkbox"/> Bite Rims <input type="checkbox"/> Setup <input type="checkbox"/> Reset <input type="checkbox"/> Process	<p><b>Additional Items/ Design Features</b></p> <input type="checkbox"/> Cosmetic Clasp <input type="checkbox"/> Ball Clasp <input type="checkbox"/> Lingual Bar <input type="checkbox"/> Unilateral (spider) <input type="checkbox"/> Horseshoe Palate <input type="checkbox"/> Full Palate <input type="checkbox"/> Attachments Brand _____
<p><b>Product</b></p> <input type="checkbox"/> Flipper (1-3 teeth) <input type="checkbox"/> Acrylic Partial <input type="checkbox"/> Flexible Partial <input type="checkbox"/> Cast Metal Partial	<p><b>Extractions</b></p> <input type="checkbox"/> Remove from Model Now <input type="checkbox"/> Remove at Final Process	
<p><b>Gender</b></p> <input type="checkbox"/> Male <input type="checkbox"/> Female	<p><b>Replacing Teeth #'s</b></p> <p>_____</p> <p>_____</p>	
<p><b>Acrylic Shade</b></p> <input type="checkbox"/> Pink <input type="checkbox"/> Meharry		
<p><b>Tooth Shade</b> _____</p>		

Additional Instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor'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 3<sup>rd</sup> 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	7days 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.