

TO AVOID DELAYS PLEASE FILL OUT RX COMPLETELY



1873 Western Way • Torrance, CA 90501

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www.continentaldental.com

A Full-Service Laboratory with Over 46 Years of Experience. Guaranteed Satisfaction!

DR _____ Date Sent _____ Return Date _____

Address _____ City _____ State _____ Zip _____

Phone () _____ Patient Name _____

☐ Male ☐ Female Age: _____

PORCELAIN FUSED TO METAL

- ☐ Porcelain to Base Metal Crown
- ☐ Porcelain to White Noble Metal Crown
- ☐ Porcelain to Semi-Precious Metal Crown
- ☐ Porcelain to Yellow High Noble Crown
- ☐ '24K Gold Plating' on item checked above

METAL LINGUAL DESIGN



SHADE INSTRUCTIONS

Shade _____



OCCUSAL STAINING

☐ None ☐ Light ☐ Dark

NON-METALLIC RESTORATIONS

- ☐ IPS E.max CAD ☐ IPS E.max Pressable
- ☐ Sculpture FibreKor Crown / Inlay
- ☐ Composite Temporaries
- ☐ Acrylic Temporaries

PORCELAIN TO ZIRCONIA

- ☐ Lava (1440 MPa) ☐ Procera (1200 MPa)
- ☐ Equiva (>1100 MPa)

FULL ZIRCONIA

(No Porcelain Overlay)

- ☐ Luxer Premium 3 Shaded ☐ BruxZir
- ☐ Lava Esthetic ☐ Shaded Zirconia

PARTIALS AND DENTURES

- ☐ Upper ☐ Lower ☐ Upper and Lower

IMPORTANT- Please Use "Vita" or "Bioform" Shades Only!

THERMOPLASTICS

(Choose Type)

- ☐ TCS
- ☐ Valplast
- ☐ Duraflex
- ☐ Partial
- ☐ Combination Partial
- ☐ Unilateral Partial

REMOVABLES

- ☐ Bite Block
- ☐ Acrylic Denture
- ☐ Acrylic Partial
- ☐ Cast Partial Standard
 - ☐ Frame Try-In
 - ☐ Wax Try-In
- ☐ Process and Finish
- ☐ Lucitone Partial / Denture
- ☐ Ultralight Acetal Partial

IMPLANTS/ABUTMENTS

Please place ALL parts in their "original" or "secure" packaging.

- ☐ Custom Abutment
- ☐ All parts are enclosed and listed in the "notes" section on this form.
- Size _____ Mfr. _____
- ☐ Call me about this Implant Case and parts needed.

ORTHODONTIC APPLIANCES

- ☐ Night Guard - Soft / Hard ☐ TMJ Appliance ☐ Retainer

MARGIN DESIGN

- ☐ No Metal Showing
- ☐ Metal Hairline or _____ mm On Buccal
- ☐ Porcelain Butt Margin

IF NO OCCUSAL CLEARANCE

- ☐ Metal Occlusion
- ☐ Reduction Coping
- ☐ Spot Opposing

SUPPLY REQUESTS:

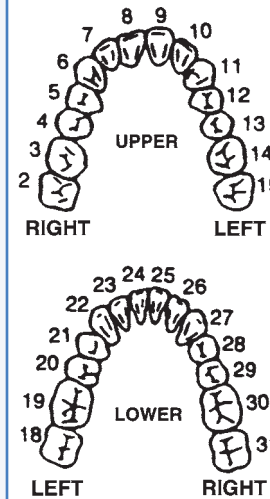
- ☐ Rx Sheets ☐ FedEx Labels ☐ Boxes & Bubbles ☐ Mailing Labels

We accept Digital Files at: lava@continentaldental.com

FOR LAB USE ONLY

NOTES & INSTRUCTIONS

PLEASE DESIGN PARTIAL



TOOTH NUMBER

Crown _____ Pontic _____ Inlay/Onlay _____ Veneer _____ Post _____

RUSH CASE INFORMATION

Rush cases are available upon request. Please contact our Customer Service Department at 1-800-443-8048 prior to sending a Rush case. Please note, turn around time and production time may be delayed depending on time of pick-up and delivery. Additional charges may apply.

ENCLOSED WITH CASE

- ☐ Impressions ☐ Payment ☐ Models
- ☐ Bite Registration ☐ Other

Signature _____ License # _____
I verify that a signed prescription from a licensed dentist is on file for the restoration. Terms: Net 30 days O.A.C. 2% service charge per month over 30 days. Cost of collection of any account will be paid by customer. Continental Dental Lab is not liable for incidental or consequential damages, including inconvenience, lost wages, chairtime, pain or suffering.

Business is conducted in California and client agrees to all terms and conditions in all respects by California law as stated on the back of this form.

Thank you. We appreciate your business!

Form Update 050418-W

CONTACT INFORMATION

Business hours are Monday through Friday 6:30 a.m. to 5:00 p.m. PST.
Saturday 6:30 a.m. to 2:00 p.m. Customer Service and FedEx pick up only.
Weekends and holidays excluded.

VICE PRESIDENT #101 - TINA DOVIACK

LAB MANAGER #106 - ROBERT GONZALEZ

CUSTOMER SERVICE MANAGER . . . #116 - STEPHANIE SANCHEZ

ACCOUNTING MANAGER #147 - THEA HAYES

FEDEX PICK-UPS CUSTOMER SERVICE DEPT.

SCHEDULING AND DELIVERY

Please allow 5 to 10 business days in the lab depending on the type of restoration. This does not include travel time to and from our office.
RUSH cases and delivery available upon request. Turn around time is not guaranteed.

FEDEX PICK-UPS

To schedule a FedEx pick-up:

- Please call our office at 1-800-443-8048 M-F 6:30 a.m.-5:00 p.m PST- (at no charge to you) or visit our website at: www.continentaldental.com
- Call FedEx directly at 1-800- GOFEDEx or 1-800-463-3339.
- Or, use any FedEx drop box at any U.S. Post Office or Kinko's Store.

Please allow for inbound shipping time:

FedEx Delivery Time Next Afternoon

Pre-Paid US Mail Business Reply Label 3-7 days

Certain areas require additional shipping time.

Extra charges apply for Alaska, Hawaii and International.

To avoid FedEx charges, you MUST use our preprinted Airway Bills.
Please call our office for supplies at no charge.

Prices subject to change without notice

CREDIT and REMAKES

To return your case for credit, you must return the original restoration along with the models within 30 days from the invoice date. Any credits due will be posted to your account. No cash refunds. Cases returned after 30 days can be re-made at no charge. If there is a problem pertaining to our laboratory work, CDL will in its sole discretion, either repair, or replace the device within 90 days of delivery date. The remake warranty does not cover breakage from accident, neglect, or misuse. See details below.

WARRANTY

Warranty for is for 5 years of clinical use from invoice date for C&B, and 2 years for certain removable prosthetics. Warranty covers the repair or replacement of the appliance with the exception of:

- | | |
|---|--|
| • Shade changes | • Doctor's design modification |
| • Custom trays | • Acrylic partials |
| • Temporaries | • Change of material |
| • Post & core | • Orthodontic appliances |
| • Veneers | • Notifying doctor of poor impression or model |
| • Implant crowns and special order parts | • Bite blocks |
| • Immediate partials (recent extractions) | • Cases processed to completion, after wax try-in was approved by doctor |
| • Immediate dentures (recent extractions) | |

WHAT IS NOT COVERED

1. Cash refund for prosthesis
2. Cost incurred for removal or insertion
3. Cost incurred for using another laboratory. Any labor, parts, products, and lab fees are not covered
4. Repairs or Returns resulting from accident, neglect, abuse, failure of supportive tooth or tissue structure, improper adjustments or improper dental hygiene, patient "no show", or patient cancellation and / or deceased patient.
5. Incidental or consequential damages; including inconvenience, lost wages, chairtime, or pain and suffering

This warranty is in lieu of all other warranties whether expressed or implied and may not be modified by any agent, employee, or representative or distributor of Continental Dental Laboratories, Inc.

TERMS AND CONDITIONS

By sending this prescription form (Rx) I agree to abide by all terms and policies listed above. All cases and items sent remain the property of Continental Dental Laboratories until the client's account is paid in full. Terms: Net 30 days O.A.C. 2% service charge per month over 30 days. Cost of collection of any account will be paid by customer. All disputes shall be governed in all respects by California law with venue in Los Angeles County, with the prevailing party to recover attorney fees, court costs, and other expenses. A minimum of \$50 will be charged for returned checks. Accounts past 60 days may be subject to ship C.O.D. or be placed on hold.