



\* Default design if an option is not indicated

## Removable Prosthetic Rx

### REQUIRED INFORMATION

Doctor Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

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

Patient Age \_\_\_\_\_  M  F  Standard Turn Around Delivery  
 Rush Delivery (Additional Charge)

Rx Date mm / dd / yyyy Appointment Date/Time mm / dd / yyyy  
hr : mm

### PARTIALS

#### Metal

- Maxillary  
 Mandibular  
 Both
- Metal Framework (Chrome Cobalt Alloy)\*  
 Titanium Partial Framework
- Metal Frame w/ Cosmetic Clasp Using:  
◦ DuraFlex™ ◦ VisiClear\* ◦ Acetal\* ◦ Twin-Flex
- Custom Tray  
 Bite Rim  
 Set-up/Try-in  
 Finish
- Frame Only  
 Frame w/ Bite Rim  
 Frame w/ Teeth Try-in

**Tooth Shade** \_\_\_\_\_ (Pala\* is default)

Extractions: \_\_\_\_\_

#### Metal Free

- DuraFlex™  
◦ Injected ◦ Milled  VisiClear®  
 All Acrylic\*  Zirlux Acetal®  
Clasping Type:  
◦ Wire\* ◦ Acryflex (Clear) ◦ No Clasp

#### Partial Base Color

- Original #36\*  
 LRP #35  
 Light #34  
 Lt. Fibered + #11  
 Mild #20  
 Moderate #21  
 Heavy #22

### COMPLETE DENTURES

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Maxillary<br><input type="checkbox"/> Mandibular<br><input type="checkbox"/> Both<br><br><input type="checkbox"/> Custom Tray<br><input type="checkbox"/> Bite Rim<br><input type="checkbox"/> Setup/Try-in<br><input type="checkbox"/> Finish | <b>Conventional Denture</b><br><input type="checkbox"/> Standard (Artic*)<br><input type="checkbox"/> Premium (Mondial)*<br><input type="checkbox"/> Elite (Phonares* II) | <b>Denture Base Color</b><br><input type="checkbox"/> Original #36*<br><input type="checkbox"/> LRP #35<br><input type="checkbox"/> Light #34<br><input type="checkbox"/> Lt. Fibered + #11<br><br><input type="checkbox"/> Mild #20<br><input type="checkbox"/> Moderate #21<br><input type="checkbox"/> Heavy #22 |
|   | <b>Digital Denture</b><br><input type="checkbox"/> Ivotion™ (Digital Milled)<br><input type="checkbox"/> 3D Printed   |   |

**Tooth Shade** \_\_\_\_\_ (Pala\* is default)

Extractions: \_\_\_\_\_

#### Additional Features

- Add Cast Mesh  
 Add e-Fiber Reinforcement

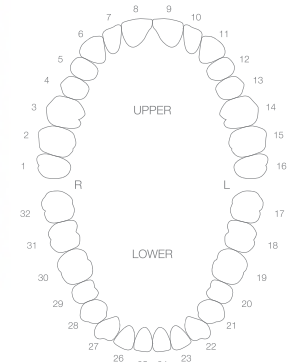
### OTHER

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Cold Cure Reline                         | <input type="checkbox"/> Simple Repair  | <input type="checkbox"/> Dual Laminate (H/S) |
| <input type="checkbox"/> Heat Cure Reline<br>(Cannot be Same Day) | <input type="checkbox"/> Complex Repair | <input type="checkbox"/> Splint (Milled)     |
| <input type="checkbox"/> Soft Liner                               | <input type="checkbox"/> Add e-Fiber    | <input type="checkbox"/> Bleaching Trays     |
| <input type="checkbox"/> Rebase                                   | <input type="checkbox"/> Add Fiber Mesh | <input type="checkbox"/> Sports Guard        |
|   | <input type="checkbox"/> Snap on Smile® |  |

### Rx CASE INSTRUCTIONS:

Please Send:  Boxes  Rx's

Design Your Case



Call Doctor

Direct Number: \_\_\_\_\_  
(Optional)

DR'S SIGNATURE\*  
(Required)

LICENSE # \_\_\_\_\_

\*Payment is due in full within 30 days after the date of the statement. All past due invoices are subject to a 2% finance charges and/or collections fees. The person signing this form is an authorized signer and accepts full responsibility for payment of all related charges.

## RDL USE ONLY

PAN NUMBER \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

Original Impression	Opposing Model	Study Model	Working Model	C.T. Impression	Bite	Wax Rim	Face Bow	Photo	Memory Card /USB	X-ray	Semi-Adjustable Articulator	Articulator Box	Simple Articulator
Existing Denture	Existing Partial	Crown	Impression Coping	Lab Analog	Jig	Titanium Bar	Locators	Clips	Implant Screw				

### IN LAB WORKING TIMES

**Times shown do not include transit time, the day case is received or shipped, Saturdays, Sundays, Holidays, or Lab closures.**

#### RESTORATIONS

#### WORKING DAYS

Custom tray.....	4
Bite Rims .....	4
Set-up for try-in.....	4
Re-set for try-in using same teeth.....	4
Re-set for try-in needing new teeth.....	6
Finish full denture/partial from wax try-in stage (no changes) .....	4
Finish full denture/partial with changes or as an immediate from wax try-in stage.....	8
Finish injected flexible partial from wax try-in stage (no changes) .....	12
Finish injected flexible partial from wax try-in stage with changes needed.....	14
Hard bite splints, dual laminates, bleaching trays, soft mouth guards.....	4
Partial Framework (Framework ONLY) .....	9
Partial Framework w/ Bite Rim.....	13
Partial Framework w/ teeth try-in.....	13
Partial Framework Set Up and Finish.....	17
Rebase (full denture).....	3
Soffliner.....	2
Flipper (1-2 Teeth) .....	4
3D Printed Denture .....	8
Ivotion Digital Milled Denture .....	8
Snap on Smile* .....	8
Attachment or Implant work.....	
<i>please call, it will be determined by the type of case and its complexity.</i>	
Repair (simple).... back same day by 4:30 pm if it is ready in your office by 9:30am, and is within our local pickup area. <b>MUST BE PRE-SCHEDULED.</b> (additional same day fees apply)	
Reline (simple)....back same day by 4:30pm if it is ready in your office by 9:30am, and is within our local pickup area. <b>MUST BE PRE-SCHEDULED.</b> (additional same day fees apply)	

#### **RUSH CASES & SAME DAYS MUST BE PRE-SCHEDULED**

Rush charges for any procedure/stage will be charge per day rushed, per arch. Call for price.

**219-386-5185**

### AGREEMENT

These Terms and Conditions are made effective by the customer set forth on the reverse hereof ("Dentist") submitting this form ("Agreement") to Radiant Dental Laboratory, Inc., an Indiana Corporation ("RDL"). The ("Dentist") agrees to a contract for the sale and delivery of the specially fabricated goods mentioned herein ("Goods").

1. Dentist agrees to pay in full, the stated price of Goods within 30 days after the date of the statement. All balances remaining past such date will incur a 2% late finance charge. Accounts not paid in full within the stated terms will be subject to C.O.D. status. Prices are subject to change without notice. Rx must be enclosed with the original case submission.
2. Dentist must completely clean all blood and saliva from all materials used in the mouth and must disinfect all of these items prior to sending them to RDL and again when the items are returned from RDL before placing them in the patient's mouth. Any prosthesis is subject to a SymPRO cleaning, at full price, if the prosthesis is determined to be unsafe by RDL before any work begins.
3. Any and all attachments, including but not limited to prescriptions, modifications, photographs, models, or diagrams of any sort, will be incorporated into this Agreement, unless RDL objects.
4. Should the Dentist cancel any order submitted before shipment, the Dentist shall pay for any loss or damage to RDL.
5. If RDL rejects any impressions or master models for any reason and is asked to proceed by Dentist, all warranties are voided, and any remakes will be completed at the full, current price.
6. If Dentist chooses to skip any steps that would therefore lower the probability of success of the Goods, such as, but not limited to, custom trays, wax rims, verification jigs, try-ins, RDL voids any and all warranties and remakes will be completed at full, current price.
7. The Dentist certifies that the analog positions on the cast and the wax/printed try-in have been verified for accuracy and that the stated information is correct. This form authorizes RDL to fabricate the CAM precision-milled bar or full arch zirconia using, and consistent with, the information provided on this Rx.
8. If Dentist decides on any changes from the original Rx, after work has been completed, all changes will be charged at full, current price.
9. If Dentist chooses to use his/her own prescription form, or the form of another laboratory or organization, the terms set forth in this official RDL Rx will govern the contract for all products and specially fabricated goods.
10. The Dentist has the right to inspect Goods prior to acceptance. If goods are not returned to RDL within 30 days after the delivery date, this will indicate acceptance of Goods. Should the Dentist request remake of Goods, the Dentist agrees to resubmit all of the original Goods including, but not limited to, original impressions, models, and restorations to RDL. RDL must have original Goods to evaluate possible restoration repair or replacement costs to the Dentist and to determine if original Goods are repairable or require a remake of Goods.
11. Should Dentist return nonconforming Goods and such nonconformance is the fault of the Dentist, Dentist must give RDL the opportunity to provide conforming Goods within a reasonable time and bear the burden of all related costs, including but not limited to the costs of Goods and shipment. Should Dentist return nonconforming Goods and such nonconformance is the fault of RDL, Dentist must give RDL the opportunity to provide conforming Goods within a reasonable time at the original stated price. Should Dentist return nonconforming Goods and the nonconformance is the fault of both Dentist and RDL or fault is difficult to determine, Dentist must give RDL the opportunity to provide conforming Goods within a reasonable time and the costs of remaking or replacing Goods and all related shipment expenses are to be divided in proportion and RDL shall determine allocation. RDL shall also determine whether Goods conforms.
12. The parties of this Agreement shall be governed by and construed in accordance with the laws of the United States and the State of Indiana without giving effect to the conflicts of law provisions thereof. The parties further agree that any and all actions that may arise under this Agreement, shall lie exclusively in the Courts of the United States in the State of Indiana located in the County of Lake.
13. If any terms of this Agreement are held by a court of competent jurisdiction to be invalid or unenforceable, then this Agreement, including all of the remaining terms, will remain in full force and effect as if such invalid or unenforceable term had never been included.
14. The Dentist agrees to pay all legal and collection costs in the event of suit, including reasonable attorney fees.