Universal Service Dental Lab

132 W Verdugo Ave,
Burbank, CA 91502
• 888-805-0808 • 747-268-0808
smilespecialist@usdentallab.net

Rx IMPLANT REMOVABLE

Dr. Name _____ Phone # _____

Acct. # _____ Patient Name _____
First Last

Address/Email _____ **Deliver by 5 p.m. on** _____

Enclosed with Case: ☐ Impressions ☐ Models ☐ Bite ☐ Photos ☐ Other: _____

IMPLANT PROSTHESIS *(CHOOSE ONE)*

- ☐ **Screw-Retained Hybrid Denture***† *(Premium teeth standard)*
  - ❍ **Comfort H/S Bite Splint** *(Additional fee applies)*
- ☐ **Locator Bar Overdenture***† *(Premium teeth standard)*
- ☐ **Locator Overdenture**† *(Yamahachi teeth standard)*
- ☐ **Hader Bar Overdenture** *(Yamahachi teeth standard)*
- ☐ **Mini Implant Overdenture** *(Yamahachi teeth standard)*
- ☐ **Denture fully edentulous** *(Yamahachi teeth standard)*
- ☐ **Duplicate denture**

DENTURE REINFORCEMENT

- ☐ Horseshoe cast palate
- ☐ Cast mesh 360° wraparound
- ☐ **Yamahachi teeth** *(Included at no extra charge)*
  Mould _____
- ☐ **Premium brand teeth** *(Extra charge may apply)*
  Brand _____ **Mould** _____
- ☐ Name on appliance *(Additional charge)*
  _____

PROSTHETIC STENT

Tooth # _____

- ☐ **Fully edentulous**
- ☐ **Acrylic** ☐ **Vacuum formed**

Pilot Holes: ☐ Yes ☐ No Dia: _____mm

Radiographic Markers: ☐ Gutta percha ☐ Barium *(20%)*

ACCESS HOLES ON FACIAL

☐ Call doctor ☐ No call needed ☐ Provide angle-correcting abutments *(Extra charge applies)*

TOOTH SETUP

☐ Ideal ☐ Characterized ☐ Copy study model ☐ Copy existing denture

☐ Add lip support ☐ Male ☐ Female Age _____

*Half of payment is due after first appointment; half is due at final delivery. †Price does not include multi-unit abutments and may vary when original equipment manufacturer (OEM) components are requested or required for the chosen implant system.

Rx ☐ **Upper** ☐ **Lower**

Tooth Shade _____

Gingival Shade:

- ☐ G1 *(Standard)*
- ☐ G3 *(Med)*
- ☐ G4 *(Dk)*

Implant System _____
See reverse for Terms & Conditions

Implant Diameter / Platform _____ **mm**

Stage of Service Needed:

- ☐ *Wax rim*
- ☐ *Implant verification jig (IVJ)*
- ☐ *Diagnostic setup*
- ☐ *Reset*
- ☐ *Final prosthesis*
- ☐ *Custom tray*

Signature _____
Submission of this Rx constitutes agreement with limited warranty terms and conditions. See reverse for details.

License # _____ Date _____

TERMS AND CONDITIONS

All Restorations Made in the USA

TERMS: Cost of collection of any account will be paid by the customer. All accounts are payable within 15 days of statement date. ***Accounts not paid within the stated terms will be subject to COD status and a late charge of 3 percent of the unpaid balance.*** $59 NSF fee will apply for returned checks. Prices subject to change without notice. Rx must be enclosed with original case submission.

NO-FAULT REMAKE POLICY: USD Lab is pleased to process all remakes or adjustments at no additional charge if requested within the warranty period and accompanied by the return of the original appliance.

LIMITED WARRANTY/LIMITATION OF LIABILITY. For warranty terms and conditions and limitation of liability, visit www.USdentallab.net

All rush cases must be prescheduled *by calling* ***747-268-0808*** *before the case is shipped. Time of pickup and delivery may affect turnaround time.*

FLAT-RATE PRICE ON CUSTOM ABUTMENTS AND SCREW-RETAINED CROWNS IS AVAILABLE FOR THE FOLLOWING IMPLANT SYSTEMS

BIOMET 3i™
Certain®

CAMLOG®
SCREW-LINE

DENTSPLY Implants
ANKYLOS® C/X
ASTRA TECH IMPLANT SYSTEM®
ASTRA TECH IMPLANT SYSTEM® EV

Zimmer Dental
Screw-Vent®

HIOSSEN®
HG System

MegaGen
AnyRidge® Implant System

Nobel Biocare
Brånemark System® RP
NobelActive®
NobelReplace®

Straumann®
Bone Level
Tissue Level

LIMITED WARRANTIES

- Custom Abutments
- UniZir Restorations
- All-Ceramic Restorations
- PFM Restorations