Rx TEMPORARY IMPLANT SOLUTIONS

Universal Service Dental Lab

132 W Verdugo Ave,
Burbank, CA 91502

• 888-805-0808 • 747-268-0808

smilespecialist@usdentallab.net

Dr. Name _____ Phone # _____

Acct. # _____ Patient Name _____
First Last

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

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

SELECT TEMPORARY RESTORATION TYPE

☐ Crown ☐ Splinted Crowns ☐ Bridge

☐ Essix Retainer

☐ Flipper/Flexible Partial

ESSIX RETAINER

☐ Scan & Save (Fee Applies)

Thickness: ☐ 0.8 mm ☐ 1.0 mm* ☐ 1.5 mm

Palatal Coverage: ☐ Yes ☐ No

BIOTEMPS PROVISIONALS

☐ Screw-Retained

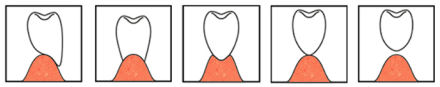
☐ Cementable

Reinforcement: ☐ None ☐ Wire ☐ Fiber ☐ Cast-Metal

FLIPPERS/FLEXIBLE PARTIALS

☐ Flipper ☐ Valplast ☐ tcs

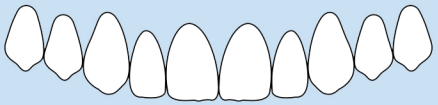
TEMPORARY PONTIC DESIGN



Mod RidgeLap ☐ RidgeLap ☐ Ovate ☐ Bullet ☐ Hygienic ☐

Standard unless specified otherwise.

SHADE INSTRUCTIONS



Tooth No. _____

Tooth Shade _____

Gingival Shade (if applicable):
☐ G1 (Standard)* ☐ G3 (Med) ☐ G4 (Dk)

Rx Indicate implant system _____
(See reverse for Terms & Conditions)

Indicate implant diameter _____ mm

†Discount cannot be combined with any other special offers. Case must include an implant-level or multi-unit abutment-level impression with a Universal HT transfer coping or a digital scan with a Universal HT scan body. Impressions over cementable abutments are not eligible for discount.
For Terms and Conditions visit www.USdentallab.net

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