



*Superior Restorations at a Fraction of the Cost.*

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DOCTOR \_\_\_\_\_

DATED WANTED \_\_\_\_\_

DATE \_\_\_\_\_

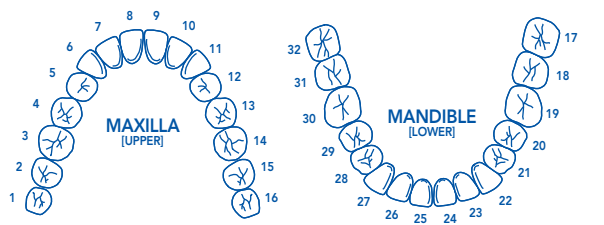
PATIENT \_\_\_\_\_

# CROWN & BRIDGE

|                            |   |   |
|----------------------------|---|---|
| <b>PFM</b>                 | <input type="checkbox"/> NON-PRECIOUS<br><input type="checkbox"/> CAPTEK<br><input type="checkbox"/> YELLOW GOLD  | <input type="checkbox"/> SEMI-PRECIOUS<br><input type="checkbox"/> WHITE GOLD<br><input type="checkbox"/> TITANIUM  |
| <b>FULL-CAST</b>           | <input type="checkbox"/> NON-PRECIOUS<br><input type="checkbox"/> TITANIUM ALLOY<br><input type="checkbox"/> INLAY/ONLAY  | <input type="checkbox"/> SEMI-PRECIOUS<br><input type="checkbox"/> YELLOW GOLD<br><input type="checkbox"/> POST & CORE  |
| <b>ALL-CERAMIC</b>         | <input type="checkbox"/> CERCON<br><input type="checkbox"/> PROCERA<br><input type="checkbox"/> IPS EMPRESS 2<br><input type="checkbox"/> INLAY/ONLAY   | <input type="checkbox"/> EMPRESS VENEER<br><input type="checkbox"/> IPS EMAX CROWN<br><input type="checkbox"/> IPS EMAX VENEER<br><input type="checkbox"/> CUSTOM TEMPS |
| <b>IMPLANTS</b>            | <input type="checkbox"/> TITANIUM PROCERA<br><input type="checkbox"/> ZIRCONIA PROCERA<br><input type="checkbox"/> IMPLANT BRIDGE   | <input type="checkbox"/> IMPLANT SINGLE UNIT  |
| <b>METAL DESIGN</b>        | <input type="checkbox"/> FULL PORCELAIN NO METAL BAND<br><input type="checkbox"/> LINGUAL METAL BAND<br><input type="checkbox"/> LINGUAL SHOULDER W/GINGIVAL BAND<br><input type="checkbox"/> NARROW METAL BAND ALL AROUND  |   |
| <b>SHADE</b>               | SHADE # _____<br><b>CERVICAL STAINING:</b><br><input type="checkbox"/> NON <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> STRONG<br><b>ENAMAL TENDS TO BE:</b><br><input type="checkbox"/> WHITE <input type="checkbox"/> REDDISH <input type="checkbox"/> BLUE <input type="checkbox"/> BROWN |   |
| <b>GINGIVAL EMBRASURES</b> | <input type="checkbox"/> CLOSED<br><input type="checkbox"/> OPEN  |   |
| <b>PONTIC DESIGN</b>       | <input type="checkbox"/> Hygienic<br><input type="checkbox"/> Modified Ridge Lap<br><input type="checkbox"/> Bullet<br><input type="checkbox"/> Ridge Lap   |   |
| <b>ANTERIOR DESIGN</b>     | <input type="checkbox"/> 3/4 METAL LINGUAL<br><input type="checkbox"/> 1/4 METAL LINGUAL  |   |
| <b>POSTERIOR DESIGN</b>    | <input type="checkbox"/> METAL OCCLUSAL EXCLUDING BUCCAL CUSP<br><input type="checkbox"/> METAL OCCLUSAL INCLUDING BUCCAL CUSP<br><b>IF NO OCCLUSAL CLEARANCE:</b><br><input type="checkbox"/> METAL OCCLUSION <input type="checkbox"/> SPOT OPPOSING<br><input type="checkbox"/> REDUCTION COPING                                      |   |
| <b>OTHER</b>               | <input type="checkbox"/> METAL OCCLUSAL<br><input type="checkbox"/> ATTACHMENT<br><input type="checkbox"/> PORCELAIN BUTT MARGIN  | <input type="checkbox"/> FIT CROWN TO PARTIAL<br><input type="checkbox"/> DIAGNOSTIC WAX-UP<br><input type="checkbox"/> SOFT TISSUE MODEL                               |

# REMOVABLE

|                        |  |   |
|------------------------|--|---|
| <b>PARTIAL DENTURE</b> | <b>FRAME</b><br><input type="checkbox"/> FRAME ONLY<br><input type="checkbox"/> W/TEETH TRY-IN<br><input type="checkbox"/> W/RIM<br><input type="checkbox"/> W/TEETH FINISH<br><input type="checkbox"/> METAL BACKING<br><input type="checkbox"/> FRAMEWORK<br><input type="checkbox"/> MESH REINFORCEMENT<br><input type="checkbox"/> WROUGHT WIRE CLASP<br><input type="checkbox"/> CAST CLASPS<br><input type="checkbox"/> BALL CLASPS<br><br><input type="checkbox"/> ACRYLIC PARTIAL (4+ TEETH)<br><input type="checkbox"/> FLIPPER (1-3 TEETH) | <b>MATERIALS</b><br><input type="checkbox"/> ACRYLIC<br><input type="checkbox"/> VALPLAST<br><br><b>ACRYLIC SHADE</b><br><input type="checkbox"/> PINK<br><input type="checkbox"/> PINK & VEINS<br><input type="checkbox"/> MEHARRY<br><br>TOOTH SHADE _____<br><br><input type="checkbox"/> OVERDENTURE [CONTACT EA FOR HELP ON DESIGN]  |
| <b>FULL DENTURE</b>    | <input type="checkbox"/> UPPER<br><input type="checkbox"/> LOWER<br><input type="checkbox"/> CUSTOM TRAY<br><input type="checkbox"/> TRY-IN<br><input type="checkbox"/> BASE PLATE & OCCLUSAL RIM<br><input type="checkbox"/> FINISH<br><input type="checkbox"/> IMMEDIATE   | <b>MOLD</b><br><input type="checkbox"/> OVOID<br><input type="checkbox"/> SQUARE<br><input type="checkbox"/> SQUARE OVOID<br><input type="checkbox"/> TAPERED<br><input type="checkbox"/> TAPERED OVOID<br><br><b>OTHER</b><br><input type="checkbox"/> BLEACHING TRAYS WITH RESERVOIRS<br><input type="checkbox"/> BLEACHING TRAYS WITHOUT RESERVOIRS<br><input type="checkbox"/> SURGICAL STINT<br><input type="checkbox"/> SOFT NIGHT GUARD<br><input type="checkbox"/> HARD NIGHT GUARD |
|                        | <b>MATERIALS</b><br><input type="checkbox"/> LUCITONE 199<br><br><b>ACRYLIC SHADE</b><br><input type="checkbox"/> PINK<br><input type="checkbox"/> PINK & VEINS<br><input type="checkbox"/> MEHARRY  | TOOTH SHADE _____   |



## SPECIFIC INSTRUCTIONS

SIGNATURE ACKNOWLEDGES POLICY AND TERMS ON REVERSE

**SHIPPING POLICY:**

Effective May 1, 2010 EA Dental will begin a new shipping policy. The policy will be that any doctor sending to the lab 5 or more cases in one box will receive free priority shipment to and from the lab. Any order less than five will be accessed a \$22 shipping charge for second day deliver, and \$15 for ground delivery.

**WARRANTY & REMAKES:**

EA Dental offers a 2 year warranty on all materials.

No cash refunds.

In most situations we will repair the case free of charge. However, there may be additional lab and shipping charges in the following circumstances:

- If the original dental restoration is not returned to us.
- If the case is re-prepped and a new impression is sent.
- If the shade is different from the original order.
- If the restoration materials are different from the original order.
- If we asked for a new impression and you asked us to proceed without one.
- If we advised you that we could not guarantee the quality of this order and you asked us to proceed anyway.
- If we requested a try-in and you asked us to proceed without one.
- If we received no study model for anterior cases and/or no specific directions.
- Excessively high occurrence of remakes
- Doctors account is delinquent

**PAYMENT POLICY**

EA Dental Labs strives to maintain superior quality dental restorations at a fraction of the cost of other labs. In order to maintain our superior prices, we must maintain a close watch on our billings. All EA Dental Lab customers must have a valid credit card on file with us. This may be Visa, Master Card, or American Express. Every Friday morning, customers will receive by email or fax, a copy of the proceeding seven days invoices. At noon on that Friday, the customers' credit card on file will be charged for the invoice amount. Any credit card denials will result in a 5% service charge, and an immediate suspension of the customers' account and a hold on any restorations pending shipment. Checks will only be accepted from customers who have made previous arrangements with the lab. Any account more than 30 days delinquent, and not have made contact with EA Dental to create a solution to the delinquency, will have their account turned over to a collection agency and will forfeit all restorations being held by the lab.

\*ALL PRICES ARE SUBJECT TO CHANGE AT ANY TIME WITHOUT NOTIFICATION.