



First Choice Dental Lab

5413 Walnut Ave. 2nd Floor, Downers Grove, IL 60515

630-541-7666 866-791-7025

Fax 630-541-7688

www.firstchoicelab.com

Return by 5 PM on

PLEASE ALLOW 2 CALENDAR WEEKS - DOES NOT INCLUDE PICKUP DAYS, DELIVERY DAYS, OR HOLIDAYS.

If less than 2 weeks, please call lab first.

Doctor

Street

City, State, Zip

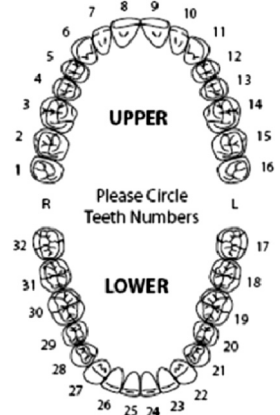
Phone

Patient Name M/F Approx. Age

Dr. Signature License No. Date

Supplies Needed

- Rx Slips
- Shipping Labels
- Boxes
- Bio Bags



Shade _____

Porcelain to Metal

- PFM Non-precious
- PFM Semi-precious
- PFM White High Noble
- PFM Yellow High Noble
- Captek™

Full Cast

- Non-precious
- Semi-precious
- High Noble

Metal-Free

- e.max crown
- Empress Esthetic veneer/inlay/onlay
- Porcelain to zirconia
- Full contour zirconia

If insufficient occlusal clearance

- Call/email
- Relieve opposing
- Metal occlusal
- Reduction coping

Occlusal Stain

- Light
- Moderate
- Heavy
- None

Pontic Design



Margin/Occlusal Design

- No Collar
- Lingual Collar ____ mm*
- Full metal band ____ mm
- Metal Occlusal Excluding Buccal Cusp
- Metal Occlusal Including Buccal Cusp
- Metal Lingual
- Porcelain Butt Margin

** Standard unless otherwise specified*

Please read the terms and conditions on the back of this prescription form

First Choice Dental LLC

Terms and Conditions

Thank you for choosing First Choice Dental LLC. By placing your order with this prescription form, you agree to the following terms and conditions.

1. **Guarantee.** We guarantee your satisfaction with the workmanship and materials of our products for a period of two (2) years from the date we receive your order. We will refund, replace or repair any defective restorations, subject to these terms and conditions. We will **not**: (1) give a cash refund for work completed, (2) pay the cost for removal or reinsertion, or (3) pay any incidental or consequential damages (including, but not limited to, inconvenience, lost chair time, lost wages, transportation, lost profits, or pain and suffering). *Any refund or damages shall be limited to the amount of the invoice for the subject restoration, without exception.* This guarantee does not cover failure of the supportive tooth or tissue, de-bonding, changes in tissue or bone structure, improper dental hygiene, abuse or accidents. Restoration must be inserted by a licensed practicing dentist or prosthodontist within 30 days of receipt of finished case. Patient must adhere to semi-annual cleanings and exams. First Choice Dental LLC reserves the exclusive right to determine if this guarantee is applicable.

2. **Payment.** All accounts are due and payable within thirty (30) days. If your account is not paid within thirty (30) days, your balance shall accrue interest at a rate of 1.5% per month, and your account shall be placed on COD status. In addition, you agree to pay all costs of collection incurred by First Choice Dental LLC, including attorneys' fees, if your account balance is not paid pursuant to these terms and conditions.

3. **Remake policy.** If for any reason a case needs to be remade, the old restoration, including models must be returned to our lab with the new impression. Not returning the case will result in a new restoration being made at full price. Full credit will not be given in instances where a doctor adjusts the preparation, changes the restoration design, or changes the type of restoration.

Call Record

Received with case

Impression

Bite

Other

Opposing

Crown/Bridge
