



REQUIRED INFORMATION

Doctor: _____ Lic. #: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Dr. Signature[^]: _____

Account #: _____
 Due Date (by 5 pm): _____
 Rx Date: _____ Patient Next Appt.: _____
 Patient Name: _____ / _____
 First Last M F



12000 Aviation Boulevard
 Hawthorne, CA 90250
 Direct (310) 915-9121
 Fax (310) 915-7171
 www.tridentlab.com
 customerservice@tridentlab.com

Send Your Cases to Trident Today!
(800) 221-4831

IMPORTANT: Please call ahead to arrange rush cases.

CROWN & BRIDGE

SELECT: CROWN BRIDGE INLAY/ONLAY VENEER

ZIRCONIA PORCELAIN TO METAL FULL CAST METAL

- | | | |
|--|--|--|
| <input type="checkbox"/> Full Contour Zirconia (FCZ) | <input type="checkbox"/> Non-Precious | <input type="checkbox"/> Gold 46% |
| <input type="checkbox"/> Zirconia Layered (PFZ) | <input type="checkbox"/> Semi-Precious | <input type="checkbox"/> Gold 60% |
| <input type="checkbox"/> BruxZir Solid Zirconia | <input type="checkbox"/> Golden Cast (Yellow High Nobel) | <input type="checkbox"/> Golden Cast |
| <input type="checkbox"/> BruxZir Anterior Solid Zirconia | <input type="checkbox"/> Non-Precious | <input type="checkbox"/> Non-Precious |
| | <input type="checkbox"/> Semi-Precious | <input type="checkbox"/> Semi-Precious |

ALL-CERAMIC COMPOSITE C & B EXTRAS

- | | | |
|---|--|---|
| <input type="checkbox"/> Lithium Disilicate CAD | <input type="checkbox"/> MARYLAND BRIDGE | <input type="checkbox"/> Rest <input type="checkbox"/> Wing |
| <input type="checkbox"/> Lithium Disilicate Press | <input type="checkbox"/> COMPOSITE | <input type="checkbox"/> Fit to Partial |
| | <input type="checkbox"/> TRI-TEMPS™ | <input type="checkbox"/> Diagnostic Wax-up |

IMPLANTS (Servicing All Major Implant Brands)
 FCZ & Titanium Abutment Bundle (Crown, Abutment, Screw, Analog, Tissue Model, Labor)

CUSTOM/SELECT ABUTMENT: Titanium Zirconia
 Stock Abutment Size _____
 Custom Abutment
 Parts Supplied by Doctor Manufacturer _____

FIXED CASE SPECIFICATION

SELECT STAGE: Complete Porcelain Bake Glaze/Polish
 MTI / Coping Bisque Bake Finish

BUCCAL MARGIN STAINING
 Porcelain Butt Margin Light Heavy
 360° Porcelain Butt Margin Medium None

METAL DESIGN

No Mtl. Collar	360 Mtl. Collar	Metal Lingual Anterior	Metal Lingual Collar	Mtl. Occl. Excl. Buccal Cusp.	Mtl. Occl. Incl. Buccal Cusp.

PONTIC DESIGN

Full Ridge	Modified Ridge	No Ridge	No Contact	Point Contact	Ovate

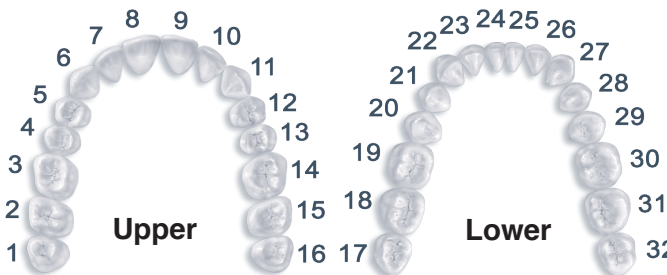
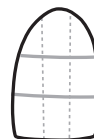
OCCLUSAL CLEARANCE CONTACT IF INSUFFICIENT ROOM:
 Light Light Adjust Opposing
 Open Medium Reduction Coping
 Tight Heavy Metal Occlusal / Lingual

SPECIAL INSTRUCTIONS

TOOTH #: _____

SHADE: _____

STUMP SHADE: _____



REDO CASE

REDO: Yes No

ORIGINAL PRODUCT ENCLOSED: Yes No

Tri-Clean (Denture Appliance Cleaner)

REMOVABLE PROSTHETICS

SELECT: FULL DENTURE PARTIAL UNILATERAL

TISSUE SHADE: Light Pink Pink Ethnic
SELECT STAGE: Complete (One Stage) Frame Try-in Wax Try-in w/Teeth Final Process Upgrade to Premium Teeth
 UPGRADE TO PREMIUM TEETH

FLEXIBLE PARTIALS Tri-Flex
DENTURES High Impact Denture Premium Denture

COMBO PARTIALS Tri-Flex (with Lasermet Subframe, Flexible Saddles/Clasps)
IMMEDIATES Extract All Extract tooth # _____

CAST METAL PARTIALS Lasermet RPD Vitallium 2000 Premium Cast Partial
BITESOFT SPLINT THERAPY (Upper Arch only) Anterior Full Arch
 SELECT: Dual Laminate Thermo-lined

ACRYLIC PARTIALS Flipper (1 Tooth) Stayplate* (2-5 Teeth) Acrylic Partial* (6+ Teeth)
 *Includes wire clasps
NIGHT GUARDS Hard Soft Hard/Soft Brux+
SPORTS GUARD Pro-Form Sports Guard

CLASP DESIGN Lab Select I-Bar/RPI Akers/C-clasp Roach/T-Bar
REMOVABLE EXTRAS Wax Bite Block Wax Bite Rim Custom Tray

MAJOR CONNECTOR Lab Select Full Palate Bleach Tray Horseshoe Lingual Bar Repair Palatal Strap Lingual Plate Rebase Double Palatal Bar Reline Hard Reline Soft

CASE MATERIALS ENCLOSED: Impressions Bite Registration Models Implant Parts

REQUEST FREE SUPPLIES: Rx Forms Case Boxes FedEx Labels

TURNAROUND TIME

	Days InLab ^b
Fixed	7
Removable	10
Implants*	10+

*Additional time maybe required to order parts.
^bExcludes Weekends & Holidays. Working times are not guaranteed.

Please Note: A case requiring a call from a technician or scheduling department may cause delays to the fabrication process.

RUSH SERVICES/FEEES[▲] Days InLab

“Rush 25” - \$25 Per Unit/Per Arch 6

▲Rush services/fees are not available for all products and subject to change during the holiday seasons. To arrange rush service for your case, contact Trident Dental Scheduling Department. Rush fees not subject to credit.

STANDARD PICK-UP/DELIVERY CHARGES[▼]

\$5.50 per box / \$5.50 per case invoice applies to removable cases only.
 \$3.00 per box / \$3.00 per case invoice applies to night guard cases only.

NO SHIPPING FEES[▼]

Applies only to fixed cases.

▼All cases are delivered next day air by 5 pm to your office. Additional time and fees may apply to outlying areas. Alaska, Hawaii and International excluded.

TRIDENT DENTAL LABORATORY TERMS & POLICIES[▲]

By signing or sending this Rx slip (or a substitute therefore) to Trident Dental Laboratory (d.b.a. Trident Dental Labs), I agree to abide by all terms and policies listed below.

All statements must be paid in full by the 22nd of the month in which the statement is prepared. Any amounts not paid by the last business day of such month will incur a 2% finance charge per month, and the account will be automatically placed on C.O.D. terms. All cases will be billed in stages and will be paid in full according to stage. All cases and items sent remain the property of Trident Labs, Inc., until client’s account is paid in full. A minimum of \$50.00 will be charged for returned checks. All disputes shall be governed in all respects by California law and client agrees to submit to the exclusive jurisdiction of, and venue in the County of Los Angeles, State of California in any dispute, with the prevailing party to recover attorney’s fees, court costs and other expenses, including actual expert witness fees, if any, in addition to any other relief to which prevailing party may be entitled.

TRIDENT WARRANTY[▲]

1. Repair or replacement of a fixed or removable prosthetic.

WARRANTY CONDITIONS[▲]

1. Prosthesis must be inserted by a licensed practicing dentist.
2. Patient must adhere to semi-annual dental maintenance (cleaning and exam) program, in the office of a licensed and practicing dentist.
3. The maintenance schedule on this certificate must be documented by the attending dentist each visit to validate this warranty.
4. Dental prosthetic must be returned with model work in order for the credit to be issued.

WARRANTY COVERAGE EXCLUDES[▲]

1. Cash refund for prosthesis.
2. Cost incurred for removal or insertion.
3. Incidental or consequential damages, including inconvenience, lost wages, chairtime or pain and suffering.
4. Repairs resulting from accident, neglect, abuse, failure of supportive tooth or tissue structures, improper adjustments or improper dental hygiene.
5. Trident Dental Labs is not liable for any fixed (over 5 [five] units), or any removable prosthetics, that has not been appropriately fitted prior to process.
6. Repairs, relines, temporaries, implants, immediate dentures or partials, and appliances partially or completely fabricated by another lab other than Trident Dental Laboratory.

[▲] **Warranty begins at delivery date. This warranty is in lieu of all other warranties, whether expressed or implied and may not be modified by any agent, employee, representative or distributor of Trident Dental Laboratory.**

[▲] **All warranty terms and conditions are subject to change without notice.** Please visit www.tridentlab.com/terms to receive the latest applicable terms and conditions.

[▲] **All prices are subject to change without notice and are quoted as complete (one stage) or one unit.** Some products are subject to additional fees, e.g., C&B and removable extras, attachments and additional implant parts, mutiple stages, and metal surcharges.

[▲] **All discounts will be applied to promoted product and current pricing.** Discount terms are subject to change without notice.

Date	Type of Exam	Dr. Initials