



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"/> MARYLAND BRIDGE | <input type="checkbox"/> Non-Precious |

- | | | |
|---|-------------------------------------|---|
| ALL-CERAMIC | <input type="checkbox"/> COMPOSITE | C & B EXTRAS |
| <input type="checkbox"/> Lithium Disilicate | <input type="checkbox"/> TRI-TEMPS™ | <input type="checkbox"/> Rest <input type="checkbox"/> Wing |
| | | <input type="checkbox"/> Fit to Partial |
| | | <input type="checkbox"/> Diagnostic Wax-up |

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

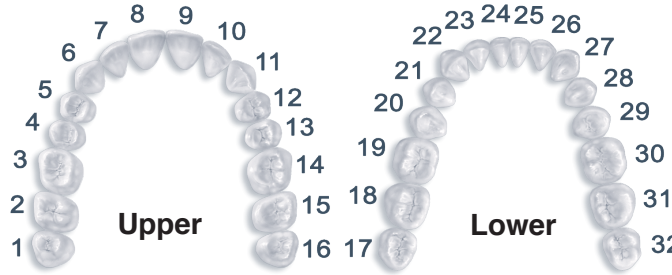
CUSTOM/SELECT ABUTMENT: Titanium Zirconia
 Stock Abutment Size _____
 Custom Abutment
 Parts Supplied by Doctor Manufacturer _____

SPECIAL INSTRUCTIONS

TOOTH #: _____

SHADE: _____

STUMP SHADE: _____



REDO CASE

REMOVABLE PROSTHETICS

SELECT: FULL DENTURE PARTIAL UNILATERAL

- | | | |
|-------------------------------------|---|--|
| TISSUE SHADE: | SELECT STAGE: | <input type="checkbox"/> UPGRADE TO PREMIUM TEETH |
| <input type="checkbox"/> Light Pink | <input type="checkbox"/> Complete (One Stage) | |
| <input type="checkbox"/> Pink | <input type="checkbox"/> Frame Try-in | |
| <input type="checkbox"/> Ethnic | <input type="checkbox"/> Wax Try-in w/Teeth | |
| | <input type="checkbox"/> Final Process | |
| | <input type="checkbox"/> Upgrade to Premium Teeth | |

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|-----------------------------------|--|
| FLEXIBLE PARTIALS | DENTURES |
| <input type="checkbox"/> Tri-Flex | <input type="checkbox"/> High Impact Denture |
| | <input type="checkbox"/> Premium Denture |

- | | |
|---|--|
| COMBO PARTIALS | IMMEDIATES |
| <input type="checkbox"/> Tri-Flex (with Lasermet Subframe, Flexible Saddles/Clasps) | <input type="checkbox"/> Extract All |
| | <input type="checkbox"/> Extract tooth # _____ |

- | | |
|---|--|
| CAST METAL PARTIALS | BITESOFT SPLINT THERAPY (Upper Arch only) |
| <input type="checkbox"/> Lasermet RPD | <input type="checkbox"/> Anterior <input type="checkbox"/> Full Arch |
| <input type="checkbox"/> Vitallium 2000 | SELECT: <input type="checkbox"/> Dual Laminate |
| <input type="checkbox"/> Premium Cast Partial | <input type="checkbox"/> Thermo-lined |

- | | |
|--|---|
| ACRYLIC PARTIALS | NIGHT GUARDS |
| <input type="checkbox"/> Flipper (1 Tooth) | <input type="checkbox"/> Hard <input type="checkbox"/> Soft |
| <input type="checkbox"/> Stayplate* (2-5 Teeth) | <input type="checkbox"/> Hard/Soft <input type="checkbox"/> Brux+ |
| <input type="checkbox"/> Acrylic Partial* (6+ Teeth) | |
| *Includes wire clasps | |

- | | |
|--|--|
| CLASP DESIGN | SPORTS GUARD |
| <input type="checkbox"/> Lab Select | <input type="checkbox"/> Pro-Form Sports Guard |
| <input type="checkbox"/> Roach/T-Bar | |
| <input type="checkbox"/> I-Bar/RPI | |
| <input type="checkbox"/> Akers/C-clasp | |

- | |
|---|
| REMOVABLE EXTRAS |
| <input type="checkbox"/> Wax Bite Block |
| <input type="checkbox"/> Wax Bite Rim |
| <input type="checkbox"/> Custom Tray |
| <input type="checkbox"/> Bleach Tray |
| <input type="checkbox"/> Repair |
| <input type="checkbox"/> Rebase |
| <input type="checkbox"/> Reline Hard |
| <input type="checkbox"/> Reline Soft |

- | |
|---|
| MAJOR CONNECTOR |
| <input type="checkbox"/> Lab Select |
| <input type="checkbox"/> Horseshoe |
| <input type="checkbox"/> Palatal Strap |
| <input type="checkbox"/> Double Palatal Bar |
| <input type="checkbox"/> Full Palate |
| <input type="checkbox"/> Lingual Bar |
| <input type="checkbox"/> Lingual Plate |

- CASE MATERIALS ENCLOSED:**
 Impressions Bite Registration Models Implant Parts

- REQUEST FREE SUPPLIES:**
 Rx Forms Case Boxes FedEx Labels

FIXED CASE SPECIFICATION

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

- | | |
|---|---|
| BUCCAL MARGIN | STAINING |
| <input type="checkbox"/> Porcelain Butt Margin | <input type="checkbox"/> Light <input type="checkbox"/> Heavy |
| <input type="checkbox"/> 360° Porcelain Butt Margin | <input type="checkbox"/> Medium <input type="checkbox"/> 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: |
| <input type="checkbox"/> Light | <input type="checkbox"/> Light | <input type="checkbox"/> Adjust Opposing |
| <input type="checkbox"/> Open | <input type="checkbox"/> Medium | <input type="checkbox"/> Reduction Coping |
| <input type="checkbox"/> Tight | <input type="checkbox"/> Heavy | <input type="checkbox"/> Metal Occlusal / Lingual |

REDO: Yes No

ORIGINAL PRODUCT ENCLOSED: Yes No

Tri-Clean (Denture Appliance Cleaner)

TURNAROUND TIME**Days InLab[†]**

Fixed	7
Removable	10
Implants*	10+

*Additional time maybe required to order parts.

†Excludes 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/FEES[▲]**Days InLab**

“Rush 25” - \$25 Per Unit/Per Arch 4

▲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.

Please visit tridentlab.com for complete warranty and remake information.