



REQUIRED INFORMATION

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

Account #: _____
 Due Date (by 5 pm): _____
 Turnaround Time: Fixed (10 Days) Removables (10 Days)
 Rx Date: _____ Patient Next Appt.: _____
 Patient Name: _____ / _____ 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
 Full Contour
 Zirconia (FCZ)
 Zirconia Aesthetic ML
 Zirconia Layered (PFZ)
 BruxZir Solid Zirconia

PORCELAIN TO METAL
 Non-Precious
 Semi-Precious
 White Gold HN
 Yellow Gold HN

FULL CAST METAL
 Non-Precious
 Semi-Precious
 White Gold HN
 Yellow Gold HN

ALL-CERAMIC
 Lithium Disilicate

MARYLAND BRIDGE

COMPOSITE

TRI-TEMPS™

C & B EXTRAS
 Rest Wing
 Fit to Partial
 Diagnostic Wax-up

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

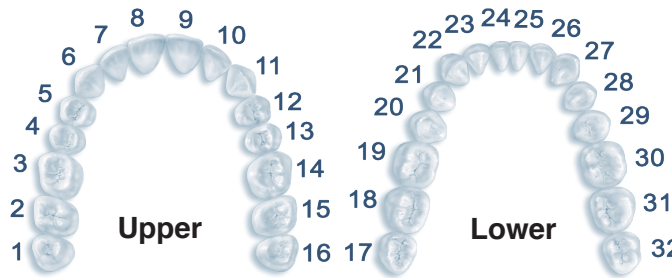
CUSTOM/SELECT ABUTMENT: Titanium Zirconia

Stock Abutment
 Custom Abutment
 Parts Supplied by Doctor

Size _____
 Manufacturer _____

SPECIAL INSTRUCTIONS

TOOTH #: _____
 SHADE: _____
 STUMP SHADE: _____



REDO CASE

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
 Roach/T-Bar Akers/C-clasp

REMOVABLE EXTRAS
 Wax Bite Block
 Wax Bite Rim
 Custom Tray
 Bleach Tray
 Repair
 Rebase
 Reline Hard
 Reline Soft

MAJOR CONNECTOR
 Lab Select Full Palate
 Horseshoe Lingual Bar
 Palatal Strap Lingual Plate
 Double Palatal Bar

CASE MATERIALS ENCLOSED:
 Impressions Bite Registration Models Implant Parts

REQUEST FREE SUPPLIES:
 Rx Forms Case Boxes FedEx Labels

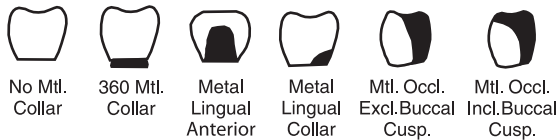
BUCCAL MARGIN

Porcelain Butt Margin
 360° Porcelain Butt Margin

STAINING

Light Heavy
 Medium None

METAL DESIGN



PONTIC DESIGN



OCCUSAL CLEARANCE

Light
 Open
 Tight

CONTACT

Light
 Medium
 Heavy

IF INSUFFICIENT ROOM:

Adjust Opposing
 Reduction Coping
 Metal Occlusal / Lingual

REDO: Yes No

ORIGINAL PRODUCT ENCLOSED: Yes No

Tri-Clean (Denture Appliance Cleaner)

TURNAROUND TIME	Days InLab ¹
Fixed	10
Removable	10
Implants*	10+

*Additional time maybe required to order parts.
¹Excludes 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	5

▲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.

*IMPORTANT INFORMATION

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, multiple stages, and metal surcharges.

*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.