

## 1615 Golden Mile Highway Monroeville, PA 15146 866-294-7444

724-733-7444 • Fax 724-733-7445 maverickdental.com

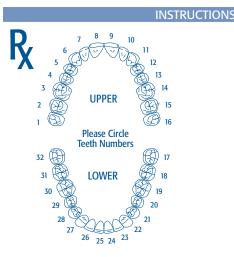
FIXED					
ZIRCONIA, METAL-FREE					
O EZ Esthetic Anterior Zirco O PZ Posterior Zirconia™ O Porcelain to Zirconia™	onia™	O IPS e.max™ O Sinfony™			
PC	ORCELAIN-TO-	METAL			
O PFM Precious-Free (Be & Ni Free) O PFM Noble Semi-Precious		O PFM White High Noble O PFM Yellow High Noble			
FULL CAST					
O Precious-Free (Be & Ni Free) O Semi-Precious O White High Noble		O Yellow Noble O Yellow High Noble			
OCCLUSAL CLEARANCE					
O Light Occlusion O In Occlusion		O Out of Occlusion mm O Reduce Opposing			
TRANSLUCENCY					
O Minimum	O Moderate	O Maximum			
CONTACTS					
O Point O Broad	O Light O Medium	O Tight			
OCCLUSAL STAIN					
O Light	O Moderate	O Heavy			
	TEMPORARI	ES			
Total Units	_ Abutment tooth #s Pontic tooth #s				
O Individual Units	O Splinted				

REMOVABLE					
DENTURES					
O Digital Denture No scanner required O Economy Denture O Standard Denture O Premium Denture	<ul> <li>Custom Tray</li> <li>Base Plate/Wax Rim</li> <li>Denture Set-up</li> <li>Denture Finish</li> <li>Immediate Transitional Denture</li> </ul>				
CAST METAL PARTIAL					
O Economy Partial (Chrome Colbalt O Standard Partial (Vitallium™) O Deluxe Partial (Vitallium™ Plus)	t) O Frame Try-In O Wax Try-in with Teeth O Finish				
FLEXIBLE PARTIALS					
O Valplast <sup>®</sup> O Duraflex™ O Valplast™ or Duraflex™ Subframe	O Set-up O Injection Finish				
AESTHE	TIC CLASPS				
O Tooth Colored	O Clear				
SPECIAL	TY PARTIALS				
<ul> <li>O Acrylic Partial (Flipper)</li> <li>O Unilateral (Nesbit)</li> <li>O Acrylic Partial with clasps</li> </ul>	O Valplast* O Metal/Acrylic				
OCCLUSAL GUARDS AND SURGICAL GUIDES					
O Hard Bite Splint O B	thletic Mouthguard leaching Tray urgical Implant Guide				
RELINES/REPAIRS					
Reline Repair O Hard Reline O Frame Weld O Fracture	O Soft Reline O Tooth O Same Day Service O Clasp				
SHADE					
Acrylic O Pink O Reddish Pink O Ethnic	Flexible O Pink O Ethnic O Clear				

Doctor		
Street		
City, State, Zip		
Phone		
Patient Name	MF	Age

**Patient Scheduled Appointment** 

Allow 10 days in-Lab working time. Does not include day of arrival or delivery.



Assistant's Name

Dentist's Signature

License #

Prescription has been reviewed for accuracy, legibility, and completion. Impressions have been approved by the doctor.

Shade

Stump Shade

(Must be provided for metal-free) Email photos to: photos@maverickdental.com

## IF THERE IS INSUFFICIENT ROOM

O Reduce and mark prep O Reduce and mark opposing O Fabricate reduction coping O Place metal island O Please call



Payment is due in full 20 days from the date of statement. A 1.5% charge per month will be charged on past due accounts. Accounts past due will be delivered C.O.D. with past due balance added. Accounts requiring legal and/or collection services will be subject to all costs incurred including reasonable fees.

WARRANTY - Crown and Bridge - 5 years, Removable - 1 year

REMAKE POLICY – If the restoration is found to be not acceptable upon receipt or insertion, return the restoration along with all accompanying materials for a replacement at no charge. Exceptions include all cases taken to finish without try-in or resets taken to finish without second try-in.

NOT COVERED ITEMS – Cash refund, cost incurred for removal or insertion, repairs resulting from neglect, abuse or failure of supportive tooth and/or tissue structure, damages, including inconvenience, lost wages, chairtime and pain or suffering

CONDITIONS - Prosthesis must be inserted by a licensed practicing dentist or prosthodontist. Patient must adhere to semi-annual cleaning and exams. Restoration must be returned with model work for credit to be issued.