



Today's Date: _____

Try-In Date (By 5:00 pm): _____

Due Date (By 5:00 pm): _____

Doctor Name: _____ Doctor Phone: _____

Patient Name: _____

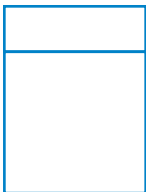
SHADE: _____

Special Instructions:

Bite Registration included with case?

**Spectrum Lab Services
and Options**
(please check your choices)

Porcelain Fused to Metal Restorations	
Metal Preference	Porcelain Margins
<input type="checkbox"/> High Noble <input type="checkbox"/> Semi-Precious <small>Note: We use Semi-Precious metal unless otherwise advised</small>	<input type="checkbox"/> Metal/Porc Jxn <input type="checkbox"/> Porcelain Margin <small>Note: We use Metal/Porcelain Junction unless otherwise advised</small>
All Ceramic Restorations	Articulator Preference
<input type="checkbox"/> Zirconia Layered (YZ Zr Coping) <input type="checkbox"/> Lifetime Zr Crown <input type="checkbox"/> Lava <input type="checkbox"/> e.max <input type="checkbox"/> Empress	<input type="checkbox"/> Panadent <input type="checkbox"/> Denar <input type="checkbox"/> Sam <input type="checkbox"/> KaVo <input type="checkbox"/> Metal
Implants	Occlusal Stain
<input type="checkbox"/> 3-i <input type="checkbox"/> Astra <input type="checkbox"/> Keystone <input type="checkbox"/> Nobel <input type="checkbox"/> Straumann	<input type="checkbox"/> No Stain <input type="checkbox"/> Light Stain** <input type="checkbox"/> Medium Stain <input type="checkbox"/> Dark Stain <small>**Standard Stain</small>
Stage to Return	Please Send
<input type="checkbox"/> Die Trim <input type="checkbox"/> Metal Try-In <input type="checkbox"/> Bisque Try-In <input type="checkbox"/> Milled Resign Try-In <small>Note: Case will be returned finished unless otherwise advised</small>	<input type="checkbox"/> Rx Pads <input type="checkbox"/> Boxes <input type="checkbox"/> Mailing Labels



Doctor Signature: _____ License #: _____

TERMS AND CONDITIONS

By submitting this prescription to Spectrum Dental Laboratories, Inc. of Santa Ana, CA (herein "Laboratory") and signing it the Dentist agrees to a contract for the sale and delivery of the custom manufactured Dental Prosthetics Cases (herein "Case(s))." The Services and Case(s) provide by Laboratory are subject to the following terms and conditions:

1. Laboratory warrants that the Case(s) shall be free of defects in materials and workmanship at the time of delivery. Except as expressly warranted herein. Laboratory makes no representations or warranties that the Case(s) will be fit for a particular purpose or of merchantability.
2. Payment is due in full upon receipt of Case(s). Dentist agrees to pay in full the stated price of the Case(s) or Service(s) together with any interest thereon and all costs of collection, including but not limited to reasonable attorney's fees. Interest of 1.5% per month shall be charged on any unpaid balance outstanding for more than thirty (30) days.
3. In the event that any order submitted by Dentist is cancelled for any reason before shipment, Dentist shall pay the reasonable value of all work performed prior to receipt by Laboratory of notice of cancellation of the order by Laboratory.
4. Dentist has the right to inspect Case(s) prior to acceptance provided that notice of non-acceptance or non-conformance of the Case(s) shall be communicated to Laboratory within a reasonable time (not to exceed 10 business days) after receipt by Dentist. Any action other than unequivocal notice of non-acceptance shall be deemed to be acceptance.
5. Notice by Dentist of a non-conforming Case shall include a specific and detailed statement of the reason for rejection. Laboratory shall be given the opportunity to correct the defect or to replace the Case(s) (at Laboratory's sole discretion) with a conforming Case(s) within a reasonable time and at the Laboratory's cost* (restrictions apply). Where the cause of the non-conforming Case(s) cannot be clearly and reasonably identified as due to either the fault of Laboratory or Dentist, the cost of remaking the Case(s) shall be borne equally by the parties hereto.
6. Should Laboratory fail to provide a conforming Case(s) in a reasonable time, Dentist's remedy is limited to the return of all original items submitted to Laboratory and repayment of the contract price.
7. Where Dentist requests re-manufacture or repair of the Case(s), Dentist shall resubmit all originals to Laboratory including but not limited to original impressions, models and restoration(s).
8. Dentist must thoroughly and carefully disinfect all materials used in the mouth before sending them to the Laboratory and again when returned from the Laboratory before placement in patient's mouth.
9. Case(s) will be shipped F.O.B. by common carrier, unless the parties agree to other arrangements before the date of shipment. Laboratory shall bear the expense of placing the case(s) in the possession of the carrier. Thereafter Dentist shall bear the expense of transporting Case(s) to the Laboratory.
10. Any controversy or claim arising out of or relating to this contract or the breach thereof shall be settled by arbitration to be held in Orange County, California, in accordance with the Rules of the American Arbitration Association. A judgment upon the award rendered by the arbitrator(s) may be entered in any Court having jurisdiction thereof. The arbitrator(s) will be selected from a panel of persons having experience with and knowledge of dentistry and dental technology. The language of the arbitration shall be English.
11. This agreement shall be construed, interpreted and enforced under the laws of the State of California with the same force and effect as if fully executed and to be fully performed therein. Dentist and Laboratory agree that the proper jurisdiction for resolution of any dispute hereunder shall be in the County of Orange, State of California.
12. If any provisions of this Agreement is held invalid, unenforceable or void by court or competent jurisdiction, such circumstances shall not affect the validity of any of the remaining provisions of this Agreement.
13. Laboratory has not made any representation, warranty, covenant or guarantee of any nature whatsoever, express or implied, in connection with or relating to the Cases or services to be performed hereunder except as expressly set forth herein. This Agreement cannot be modified except by a written instrument signed by Laboratory

*What is not covered?

- Cases where a reduction coping is required
- Cost incurred for removal or reinsertion
- Cases where failure occurs due to debonding or poor occlusion
- Replacement restoration(s) or appliance(s) where no defect in material or workmanship is documented
- Incidental or consequential damages, including inconvenience, lost wages, or pain and suffering

IN-LAB WORKING DAYS

Please allow for the full working time on each type of case. Cases including different types of restorations will require full working time for each type of restoration selected. Working times do not include weekends or holidays. Rush* service is available on most cases for an extra charge, but must be pre-scheduled with manager of Laboratory. To pre-schedule your rush case, please call (714) 426-2900.

	1-4 UNITS	5-10 UNITS
Pressable	10	14
Veneers	10	14
Composites	10	14
Zirconia	12	14
PFM	10	14
FCC	10	14
Diagnostic Wax-Up	7	10
Implants	CALL FOR SCHEDULE	

*Rush service is limited to 4 units. Cases requiring 2 days faster than above in-lab days are subject to a 25% rush surcharge. Cases requiring 4 days faster than above in-lab days are subject to a 50% rush surcharge. Spectrum Dental Laboratories does not rush CAD/CAM or implant restorations.