

Las Vegas



DENTAL STUDIO

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 Email: email@LasVegasDentalStudio.com

Advanced Cosmetic Team (See Fee Schedule) **Custom Finish** (See Fee Schedule)

Date Prepared: ____/____/____ Date Due: ____/____/____
(Standard working time if a due date is not provided.)

Doctor's Name: _____

Patient's Name: *Last* _____ *First* _____

Male Female Age _____

Finish **Porc. Try In** **Metal Try In** **Die Trim**

TYPE OF RESTORATION *Standard Design if nothing is marked.

Crown & Bridge

- PFM - Ceramic Metal Crown*
- FGC - Full Metal Crown

All Ceramic / Metal Free

- Lava™ (Layered Zirconia)
- Zirceram (Layered Zirconia)
- IPS e.max-Press® (Layered Stained)
- AllZir-Ultra/ML® (High Trans. Full Zir.)
- BruxAll (Full Zirconia)
- CrystAlign® / Feldspathic Veneer
- Composite

Type of Ceramic Metal

- Precious - Yellow Ceramic
- Precious - Light Yellow Ceramic
- Precious - White Ceramic*
- Semi-Precious - White Ceramic
- Non-Precious - White Ceramic

Type of Full Cast Metal

- Precious - Yellow High Gold
- Precious - Yellow Gold*

Occlusal Contact

- Out Light* Contact

Proximal Contact

- Light Medium* Heavy
(Scrape cast)

Crown Design

- Metal/Zir. Margin # _____
- Lingual Collar* _____ MM Mesial Collar _____ MM
- Distal Collar _____ MM Hairline 360°
- Junction Margin* # _____
- Porc. Margin Tooth # _____
- 180° 360°
- Metal/Zir. Occlusal # _____
- Full 3/4 1/2 Island
- Metal/Zir. Lingual Tooth # _____

Pontic Design



- Ridge Relief Yes No
- Embrasure Open Yes No

IMPLANT INFORMATION

Crown Type

- Cement Retained Screw Retained
- (Single Unit or Splinted Units)

Abutment Type

- CAD/CAM
- Titanium
- Zirconia
- Atlantis
- Procera
- Straumann
- Zimmer/Biomet 3i
- Other _____

Implant Type

Manufacturer _____
 Platform Type _____
 Size _____

Options

- 2-piece Cemented
(Screw-mentable)
- Gold Anodized

- Custom Casted
- Prefabricated

Esthetic Parameters

Labial Anatomy:

- None
- Subtle*
- Strong

Surface Glaze:

- Shiny
- Medium*
- Polished

Occlusal Staining:

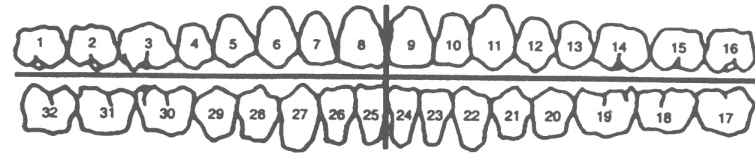
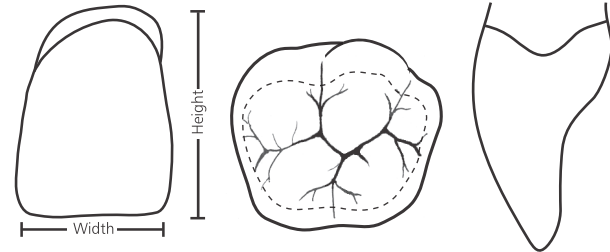
- Light
- Medium
- Strong
- None*

Custom Shade

Basic Shade _____
 Vita Chromascope Other

Stamp Shade _____
(Needed for Metal Free Restorations)

Smile Guide# _____



Tooth #	Instructions
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

By submitting this form, I agree to the terms on the reverse side of this form.

Date _____

Signature _____ License No. _____

Las Vegas Dental Studio requires each case be accompanied by a signed lab slip which is to be considered a binding work order agreement and acceptance of our Terms and Conditions. Invoices are billed by statement with payment due by the end of the subsequent month from statement date. 2% Service Charge will be billed on all past due balances.

Please Send More: Rx Forms Boxes Shipping Labels Packing Supplies

Model _____ Trim _____ Wax _____ Metal _____ Opaque _____ Porc. _____ Polish _____

Scheduling

At Las Vegas Dental Studio every restoration is made to the highest quality standards. We design each restoration to your specifications, as indicated on your prescription and guarantee it to fit your working model. In order to offer our premium restorations and maintain our excellent customer service, we require adequate time to fabricate, inspect and deliver your restorations. Our Time Schedule is based on full working days, Monday through Friday, excluding day of receipt, delivery day and holidays. **Important - the due date given on the lab prescription must be at least one day prior to the patient's chair time.**

Pricing and Operating Policy

Our prices are based on normal laboratory Time Schedules. If necessary, we can deliver cases before the specified time period but a rush charge will be applied. See chart (right side) for rush fees. We understand that emergencies do arise. If so, please give us a call to make arrangements which are most suitable for you and your patient's needs. **Prices are subject to change without notice.**

Discontinuance of Services and Products

Should any unexpected contingencies occur resulting in the need to discontinue the completion of services or products, you will be responsible for any charges for services rendered and completed work as of the time of notification to Las Vegas Dental Studio.

Satisfaction Guarantee and Warranty Policy

Within 45 days of receipt, if you or your patient is not satisfied with the finished restoration or prosthesis, Las Vegas Dental Studio will repair, adjust or remake any product in accordance with our warranty policy. After 45 days, doctor accepts product as correct and complete. Charges will be applied if the original prescription is altered or our requests for new models and/or impressions on the original case were denied. Charges will also apply for spotting dies and opposings, re-prepping due to receding gingival tissue, if the doctor trims the die when instructed to "do the best you can", or when the preparations do not follow the prep guidelines indicated and a remake is necessary. In the event of an ill-fitting restoration or if you request a product be remade; the original impressions, models and restoration **must** be returned in order to identify where the problem occurred and determine if a full, partial, or charge applies. If a second remake is necessary, there will be a full charge. By cementing or permanently seating the completed restoration, doctor accepts product as correct and complete. Las Vegas Dental Studio reserves the right to void the warranty policy on any case that we feel is necessary, even if the case is remade during warranty period.

Limited Warranty/Limitation of Liability: Las Vegas Dental Studio warrants that all dental devices are made according to your specifications. Subject to return and inspection of a device that is placed and then fails, the lab will repair or replace the device without charge for the cost of materials or workmanship, at the lab's discretion, as follows: **Category 1**-Five years; **Category 2**-One year; **Category 3**-No warranty. Incidental or consequential damages, including lost wages, inconvenience or chair time will not be compensated.

Category 1; Porcelain to metal restorations, Zirconia (Crown & Bridges), e.max (Crown & Bridge), full metal restorations.

Category 2; e.max (veneers, inlay, onlay), CrystAlign (all types), Composites, Removable products (if failure is due to defects in material and workmanship), Nightguards.

Category 3; Maryland Bridges (all types), Indirect composite-resin bridges, Provisionals, Repairs on non-Las Vegas Dental Studio products.

Billing and Statements

Visa and MasterCard's are the only credit cards accepted. To facilitate easy payment conditions, your account will be billed by a monthly statement. The Statement Balance is due by the end of the subsequent month from the statement date. If not paid by such time, the balance is considered past due and will be subject to a 2% service charge. This charge will be applied monthly until the overdue balance is paid. Accounts that are 60 days delinquent will receive cases C.O.D. Past due accounts may also be sent to an outside collections agency, these accounts will have an additional fee added to the balance equal to the fee of the agency. Should litigation become necessary to collect balances owed, the customer will be responsible for all attorney's fees and court costs. A Return Check Fee will be \$25. These terms are based on services and products rendered between Las Vegas Dental Studio and doctor, not contingent whether your patient returns for seating of their restoration.

Shipping Policy

A nominal shipping fee per case will be added to each Las Vegas Dental Studio invoice. An additional fee may be added for each extra stage of the case, including die trims, try-ins, wax ups, etc. Customer may also incur an additional cost if the shipping location is deemed to be in a residential or extended shippin area of the country by the shipping courier. When shipping, please use our preferred shipping carrier's pre-addressed shipping labels. Failure to do so may result in higher shipping charges.

Insurance per package, UPS automatically insures each package \$100.00. Upon customer's request additional insurance can be added prior to shipping (both inbound and outbound), this cost is \$0.90 per \$100.00, with a minimum charge \$2.70 which will be added to your invoice. You must notify Las Vegas Dental Studio in advanced if you choose this option. Las Vegas Dental Studio will not be held responsible for lost packages. For all cases made on the doctors articulator, a \$20 fee will be added to the invoice to compensate for the add. weight and insurance.

Las Vegas Dental Studio Rewards

To show our appreciation for choosing Las Vegas Dental Studio, you can earn unrestricted travel rewards equal to 2% of your monthly statement. Simply pay your balance in full with a check by the 15th. The account must be current with a minimum billing of \$1000.00. For more information please give us a call.

Time Schedule

(Subject to change without notice)

Porcelain Try-in to Finish

1-3 units	3 days
4-6 units	5 days
7 or more units	Call

Finish or Porcelain Try-in:

1-3 units	7 days
4-6 units	9 days
7 or more units	Call

Metal Try-in

1-2 units	4 days
3-6 units	5 days
7 or more units	Call
1-3 solder joints	3 days
4 or more solder joints	5 days

Metal Try-in to Porcelain

1-3 units	5 days
4-6 units	7 days
7 or more units	Call

Rush Charge

6 day rush - 25%
5 day rush - 30%
4 day rush - 50%
(For cases 1-3 units.)
(For cases over 3 units call.)

Preparation Guidelines for All Ceramic/Composite

A. 0.7 to 1.0 mm labial reduction.



Porcelain Laminate

A. 1.5-2.0 mm reduction
B. Round all sharp line angles, occlusal edges and eliminate undercuts.
C. Proximal and occlusal walls should have 6-8 degrees taper.



Inlay / Onlay

Labial
Lingual = 1.0-1.5 mm
Interproximal



Metal-Free Crown

Rev.10.27.16

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