



5500 Bluebird St. Ste. 700
Amarillo, TX 79109
(806)437-0555

studio32dentalarts@yahoo.com
www.Studio32dentalarts.com

Please Print

Date ___/___/___

Doctor's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Patient's Name _____

Age _____ [] Male [] Female

Deliver by 5pm on ___/___/___ (See back for working times.)

[] Rush Case (Rush fee accepted)

Same day services must be called in and ready for pick up no later than 9am. Cases will be delivered by 4:30pm.

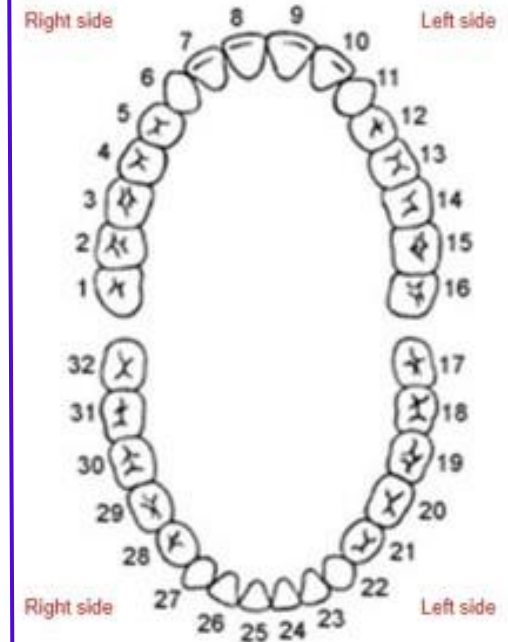
Enclosed with case: [] Impressions [] Models [] Bite [] Photo
[] Mounting Plates [] Other _____



If No Occlusal Clearance

- Call [] Spot Opposing
- Metal Occlusion [] Metal Island
- Make this a permanent note in my file

Design Case Here



All Restorations
Made in the USA

Signature _____

License # _____

Please see back for important terms and conditions.

Dentures

Custom tray [] Occlusion rim [] Wax setup try-in [] Finish

Name in appliance*

Tooth [] Standard Teeth* [] Premium Teeth* Shade _____

Acrylic [] MC* [] HI-20ET [] Super HI Impact*
(Microwave) (Heat Cure) (8 Hr. Heat Cure)

Acrylic Shade [] Original* [] Light [] Dark

RPDs

Frame try-in [] Frame w/occ. Rims [] Frame w/setup try in
[] Finish

Frame [] Cast Metal [] VistaClear [] Ultair AKP

[] DuraFlex Shade _____ [] DuraCetal Shade _____

[] 4C Thermo Acrylic Clear*/ Pink (circle one)

Design [] Lab select [] Use my design

Tooth [] Standard Teeth* [] Premium Teeth* Shade _____

Miscellaneous

Reline [] Rebase [] Soft Liner
 Simple Base Repair
 Add/Replace Tooth # _____
 Bleaching Tray [] Surgical Stent

Playsafe Mouthguards

[] Lt **1-Layer 1mm**
[] Med* **2-Layers 3mm**
[] Heavy **3-Layers 5mm**

[] Helmet Strap **Specify Color(s) on RX**
[] Name/ Logo _____

Night Guard / Splints

[] Upper [] Lower
[] Comfort H/S* [] Hard [] Soft

* Indicates additional charge

* Standard unless otherwise specified

Studio32 Dental Arts LLC Terms and Policies

By signing or sending this Rx from (or substitute thereof) to Studio32 Dental Arts LLC (“the lab”) I agree to abide by all the following terms and policies. The lab is not liable for incidental or consequential damages, including inconvenience, lost wages, chair time or pain and suffering.

Account Payable Terms

Cost of collection of any account will be paid by the customer. All accounts are payable within 30 days of statement date. Accounts not paid within the stated terms will be subject to COD status and a late fee of 1.9% of the unpaid balance. In the event your account is sent to a 3rd party for collections, the customer is responsible for collection costs and/or attorney’s fees. Prices subject to change without notice. RX must be enclosed with original case submission.

Important Pricing Terms and Conditions

All prices are quoted/billed per stage. Some products are subject to additional fees. Fabrication starts the day the lab receives the case. Cases canceled after fabrication is initiated will remain billed at full cost.

Turnaround Times

| | |
|---|--------|
| Metal Frames | 7 days |
| Metal Frame with teeth and wax..... | 9 days |
| Metal Partial to completion..... | 9 days |
| Occlusion rims/ Custom tray..... | 3 days |
| Denture set up try-in..... | 7 days |
| Denture try-in to finish..... | 5 days |
| Denture soft liner/ repair/ reline..... | 3 days |
| (Same Day service for local labs if case is received by 9am.) | |
| Flex Partial setup teeth in wax..... | 7 days |
| Flex Partial start to completion..... | 9 days |
| Mouth guards..... | 3 days |
| Night guards/ Bleaching trays | 3 days |

*****This is for “Time in Lab”. This does not include shipping time, holidays, or weekends. Working times are an estimate. Any case with no listed due date may be subject to 2 extra production days.**

Shipping and Rush Services

The charge to ship using our billable label is \$25.00 per box. You may put as many cases as you wish into the box. Price is subject to change without notice.

If using a SDA shipping label, please call respective carrier for pick-up. SDA labels provide a maximum of \$100.00 insurance for the contents of the package.

Rush Case charge is \$90 for each case and overnight shipping is \$65.00

*** Cases listed as RUSH will be called prior to productions to verify expected return date if not clearly marked on RX or if date cannot be met.

Remake and Warranty Policy

Eligible remakes will be done at no charge if received within 30 days of the invoice date. The Dental appliance(s) must be returned for credit consideration.

New case will be billed if remake is required due to any of the following:

1. There is a shade or product change different from the original request
2. Lab questioned impression, bite, or any other issues that are brought to the doctors’ attention and was advised to complete case.
3. Lab requested a try-in, customer declined and asked for a completed case
4. The partial denture fits the master cast

*****All warranty terms and conditions are subject to change without notice.**

Limited Warranty/ Limitation of Liability

Studio32 Dental Arts LLC (“the lab”) warrants that all dental devices (“a device”) are made to your specifications and approval in the belief that the device will be useful and makes no other warranties including but not limited to, any implied warranty of merchantability or fitness for particular purpose. Subject to the return of a device that is placed by a licensed dentist and then fails, the lab will repair or replace the device without charge or refund the original priced paid, at the lab’s option, as follows: (1) dentures and cast partials excluding immediates up to one year if the failure is due to defects in materials or workmanship; (2) thermoformed appliances and splints, if the failure is due to defects in materials or workmanship, provisionals, up to six months; (3) cosmetic appliance, immediate dentures and flex partials, flippers, retainers, surgical stents and radiographic guides, repairs, relines, and all other dental devices up to 30 days if failure is due to defects in materials or workmanship. This warranty is exclusively for your benefit, is not transferable and does not extend to any patients. You agree to pay all other costs of adjustment, repair, and replacement of a device. Except where prohibited by law, the lab will not be liable for any loss or damages arising from the use of a device, whether direct, indirect, special, incidental or consequential, regardless of the theory asserted, including warranty, contract, negligence or strict liability and if such disclaimer is not permitted by law, the duration of any implied warranty is limited to 90 days from the date of delivery. In the event of a dispute and absent an amicable resolution the parties mutually agree to wave class actions in favor of mandatory individual arbitration of claims under this limited warranty in and in accordance with the laws of Texas. The lab does not guarantee the performance of independent carriers.



*****Mandatory- PLEASE INCLUDE Licensed Dentist SIGNATURE and License NUMBER on Rx. *****