

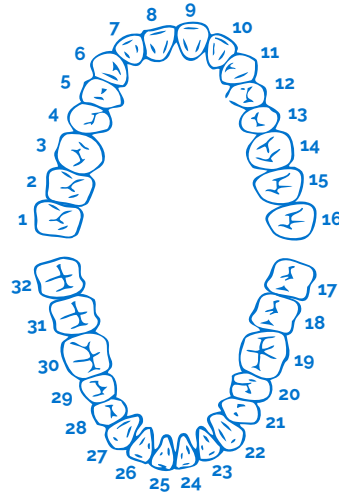
Doctor / Office _____ Prep Date _____
 Patient Name _____ Age _____ M F
 Seating Appointment Date _____ Time _____

Case Due Date
Lab Use Only

Case Pan #
Lab Use Only

DOCTOR NOTES

Singles _____
 Bridge _____
 Pontic # _____



All Apex restorations are
PROUDLY MADE IN THE USA
 with FDA compliant materials.

SHADE INSTRUCTIONS

VITA-Classic _____
 VITA 3D Master _____
 Stump Shade _____
 Custom _____



Patient Phone _____

OCCL. STAINING

- None
- Light
- Heavy



ITEMS ENCLOSED

- Photos
- Analog
- Model
- Shade Tab
- Impression
- Bite
- Implant Parts
- Surgeon Letter

Other _____



Sioux Falls
 2804 E. 26th St, Ste 2
 Sioux Falls, SD 57103
 605-275-2411

sfprosmiles@apexlabgroup.com

ALL CERAMICS

- Basic ZR
- Advanced ZR
- Elite ZR
- Lithium Disilicate
- Porcelain-Fused-to-ZR

PONTIC DESIGN

- Modified Ridge Lap
- Full Ridge Lap
- Sanitary
- Bullet
- Ovate

PFM

- Non-Precious
- Noble White
- High Noble White
- High Noble Yellow

FULL CAST

- Noble Yellow
- High Noble Yellow
- Noble White
- High Noble White

IMPLANTS

CROWN

- Full-Contour Zirconia
- Porcelain-Fused-to-ZR
- Lithium Disilicate
- Other

ABUTMENT

- Zirconia
- Custom UCLA
- Titanium
- Gold Anodized
- OEM (Default)
- Third Party
- Insertion Guide

RETENTION

- Screw-Retained
- Cement-Retained

IMPLANT

- Surgeon Letter w/Case
- Surgical Guide
- Manufacturer _____
- Size/Platform _____

BUCCAL COLLAR DESIGN

- Hairline or ___mm Buccal
- Porcelain Junction Margin
- Porcelain Butt Margin

METAL DESIGN

- Full Porcelain
- Metal Occlusal/Lingual
- Lingual Collar
- Metal Occl/Ling w Collar

ADDITIONAL SERVICES

- Diagnostic Wax-Up
- PMMA Temp
- Abutment #'s _____
- Smile Design
- Pontic #'s _____
- Virtual
- Printed

REMOVABLES & APPLIANCES

- 3D Digital Denture
- Basic Denture
- Advanced Denture
- Elite Denture
- Locator-Retained
- Bar-Retained
- Screw-Retained Hybrid
- Flexible Partial
- Cast Framework
- Max _____ Mand _____
- Frame Try-In
- Process/Finish
- Custom Tray
- Baseplate/Wax Rim

Flipper-Teeth _____ Clasp _____

- 3D Printed Guard
- DualGuard
- Nightguard
- Clear/Hard
- Bleaching Tray
- 1.0mm Clear Ortho Retainer
- Space Maintainer
- Ortho Retainer

ADDITIONAL NOTES

IF OCCLUSAL CLEARANCE IS NEEDED

- Reduce Opposing
- Reduction Coping
- Call Doctor

PLEASE SEND

- RX Forms
- Case Boxes
- Mailing Labels

Dentist Signature _____ License # _____

Only if signed by a licensed doctor will laboratory construct and deliver the herein described dental restoration.

By signing above, client agrees to pay all invoiced charges related to this case. Payment terms are Net 30 with a service charge equal to the highest allowable interest rate accruing on all outstanding balances over 30 days after statement date. Client shall be responsible for all fees, costs, and expenses expended or incurred in any suit or action for collection of past due amounts or enforcement of provisions in this Agreement. Please see reverse side or www.apexlabgroup.com for additional terms and policies.

PAYMENT TERMS

Each case will be returned with an invoice. A statement will be provided at the end of each month. Payment of the statement balance is due by the 30th day of the month. Service and interest charges will be added to past due accounts. A credit card is required on file, but will not be used to make payment on the account without notice. If an account becomes more than 60 days past due, and there is no contact from the office – the balance due will be placed on the card. We accept cash, check and all major credit cards – call our office to inquire about automatic credit card payments. Cases that are spread out over multiple months will be “progress billed” from time to time for work completed as well as parts & materials ordered for the case.

REFUND POLICY

The cost of fabricating Apex Dental Laboratory Group restorations cannot be refunded. A credit may be issued by Apex Dental Laboratory Group directly to a customer’s account when cases do not meet our expected standards for quality, function and aesthetics. Services fees and parts fees are not refundable unless the product can be returned to the retailer for credit. Refunds on implant components are pursuant to the individual manufacturer return and warranty policies.

APEX ADVANTAGE GUARANTEE

Apex Dental Laboratory Group labs guarantee complete customer satisfaction for the first 90 days after completion of all new products. If not satisfied, Apex will take the following steps to make it right: Remake, repair, or adjust the original product at no additional cost to the customer (with the return of the original product). Remake as a different product of equal or greater value and customer will only be responsible for the difference in cost (with the return of the original product). Issue an account credit for full refund if product is returned (less charges for 3rd party products or materials). This guarantee will be VOID IF: (1) The lab identifies and communicates a deficiency in the case, but is instructed by the customer to move forward without addressing the deficiency. Notification of this risk will be communicated to the customer in advance. Examples include distorted impressions, unclear margins, inadequate clearance, contra-indicated material selection, etc. (2) The lab requests a try-in to verify fit, but the customer declines. (3) Teeth are re-prepped. (4) There is a shade change/correction from the original request. (5) The original case is NOT returned.

SECTION 5b of the Illinois Dental Practice Act requires a licensed dentist who employs or engages services of person, firm or corporation to construct or repair prosthetic appliances, to furnish a written work order on form approved by Illinois Department of Registration and Education which shall contain: (1) Name and address of person, firm or corporation to which work order is directed. (2) Patient’s name or identification number, and if number is used, patient’s name must be written upon duplicate copy retained by dentist. (3) Date on which work order was written. (4) Description of work to be done, including diagrams if necessary. (5) Specification of type and quality of materials to be used. (6) Signature of dentist and number of his license. Dentist and laboratory must retain their respective copies of work order for three (3) years for inspection at any reasonable time by the Department of Registration and Education or its duly authorized agents. Failure of dentist to comply in any given case is a misdemeanor, and license may be revoked or suspended. Failure of laboratory to comply is a misdemeanor.

SECTION 5b (3) of the Illinois Dental Practice Act provides: “If a person, firm or corporation receiving a written order from a licensed dentist engages another person, firm or corporation (hereinafter referred to as ‘sub-contractor’) to perform some of the services relative to such work order, he or it shall furnish a written sub-work order with respect thereof on forms prescribed by the Department of Registration and Education which shall contain: (a) The name and address of the sub-contractor. (b) A number identifying the original work order, which number shall be endorsed on the work order received from the licensed dentist. (c) The date on which the sub-work order was written. (d) A description of the work

(FOR LAB USE ONLY)

MODEL/DIE

- Extra Model & Die _____ QTY
- Model Duplication _____ QTY
- Transfer Die(s) _____ QTY
- Epoxy Model(s) _____ QTY
- Articulator Plates _____ QTY TYPE _____
- Articulator Magnets/Conns _____ QTY TYPE _____
- Soft/Pink Tissue _____ QTY
- Wet Impression _____ QTY
- Metal Articulator (Brass/Chrome)

WAX/METAL

- Reduction Coping _____ QTY
- Crown Under Partial
- Survey for Partial (Inclusive of Rest)
- Rest (Cingulum/Occlusal) _____ QTY
- Stress Breaker _____ QTY TYPE _____
- Attachments _____ QTY TYPE _____
- _____ Metal Try-In (Billed)
- Alloy _____ % AU _____ - _____ - _____

CUSTOM SHADE

- Dr. Office Called (No Contact)
- _____ Old Crown Returned
 - Old Model(s) Returned _____ QTY
 - Old Lab Slip Attached

- Note to Dr. _____
- Note to Dr. Please Trim Opposing Indicated In Red _____

IMPLANT CASE

- Implant Labor _____ QTY
- Implant Parts Included
- Ordered - Invoice Attached
- Other: _____
- From Lab Stock
 - 1) _____ QTY
 - 2) _____ QTY
 - 3) _____ QTY

FINAL CHECK

RUSH CASE

Working Days in Lab _____

CASE LOG IN

Initials	Date/Time
_____	IN _____
_____	OUT _____

_____	IN _____
_____	OUT _____

_____	IN _____
_____	OUT _____

_____	IN _____
_____	OUT _____

to be done by the subcontractor, including diagrams, if necessary. (e) A specification of the type and quality of materials to be used. (f) The signature of the person, firm or corporation issuing the sub-work order. “The sub-contractor shall retain the sub-work order and the issuer thereof shall retain a duplicate copy, attached to the work order received from the licensed dentist, for inspection by the Department of Registration and Education or its duly authorized agents, for a period of 3 years in both cases.” Failure of laboratories to comply is a misdemeanor.