RADIANT
DENTAL LABORATORY

8040 Cleveland Pl. / Merrillville, IN 46410
219.386.5185 / www.RadiantDentalinc.com
Email: info@RadiantDentalinc.com

MADE IN USA

Crown and Bridge Rx

REQUIRED INFORMATION

Doctor Name _____

Address _____

City _____ State_____ Zip _____

Phone _____

Patient Name _____

Patient Age _____ ☐ M ☐ F

☐ Standard Turn Around Delivery
☐ Rush Delivery (Additional Charge)

Rx Date mm / dd / yyyy

Appointment Date/Time mm / dd /yyyy hr : mm

RESTORATION INFORMATION

Ceramics

- ☐ Layered e.max
- ☐ Monolithic e.max
- ☐ Layered Zirconia
- ☐ Monolithic Zirconia

Abutment Type:

- ☐ Cement retained Titanium Abutment
- ☐ Angled Titanium Abutment
- ☐ Screw Retained Titanium Abutment
- ☐ Stock Abutment

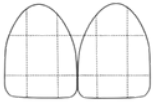
IMPLANT INFORMATION

Implant Brand _____ Scan body _____

Platform _____

CASE INFORMATION

Characterization



Tooth Shade: _____

Stump Shade: _____

Tissue Shade: _____

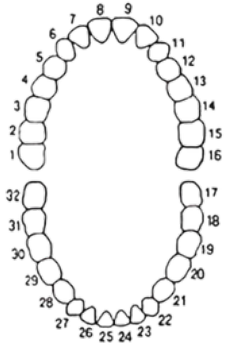
Restoration:

- ☐ Crown
- ☐ Veneer
- ☐ Bridge
- ☐ Inlay/Onlay
- ☐ Custom Abutment and Crown
- ☐ Temporary
- ☐ PFM

Pontic Design

Occlusal Clearance Light / Open / Tight
Occlusion Stain None / Light / Medium / Dark
Contact Light / Medium / Heavy / Wide

Digital Mock-up Design



Tooth Numbers:

Rx *CASE INSTRUCTIONS:*

Please Send: ☐ **Boxes** ☐ **Rx's**

☐ **CALL DR**

Doctor Signature (Required)

License number

Direct Number: (Optional)

*Payment is due in full within 30 days after the date of the statement. All past due invoices are subject to a 2% finance charges and/or collections fees. The person signing this form is an authorized signer and accepts full responsibility for payment of all related charges.

RDL USE ONLY

PAN NUMBER _____ CASE NUMBER _____ RECEIVED BY _____

IN LAB WORKING TIMES

Times shown do not include transit time, the day case is received or shipped, Saturdays, Sundays, Holidays, or Lab closures.

RESTORATIONS	WORKING DAYS
Digital Workflow	
Emax	7 days
Layered Zirconia	14 days
Full Contour Zirconia	5 days
Full Contour Zirconia with facial cut back	7 days
Custom Abutment with Zirconia Crown	7days
Traditional Workflow	
Emax	8 days
Layered Zirconia	14 days
Full Contour Zirconia	7 days
Full Contour Zirconia with facial cut back	8 days
Custom Abutment with Zirconia Crown	8 days

2 additional business days for UPS delivery

and is within our local pickup area. ***MUST BE PRE-SCHEDULED****. (additional same day fees apply)*

RUSH CASES & SAME DAYS MUST BE PRE-SCHEDULED

Rush charges for any procedure/stage will be charge per day rushed, per arch. Call for price.

219-386-5185

AGREEMENT

These Terms and Conditions are made effective by the customer set forth on the reverse hereof ("Dentist") submitting this form ("Agreement") to Radiant Dental Laboratory, Inc., an Indiana Corporation ("RDL"). The ("Dentist") agrees to a contract for the sale and delivery of the specially fabricated goods mentioned herein ("Goods").

1. Dentist agrees to pay in full, the stated price of Goods within 30 days after the date of the statement. All balances remaining past such date will incur a 2% late finance charge. Accounts not paid in full within the stated terms will be subject to C.O.D. status. Prices are subject to change without notice. Rx must be enclosed with the original case submission.
2. Dentist must completely clean all blood and saliva from all materials used in the mouth and must disinfect all of these items prior to sending them to RDL and again when the items are returned from RDL before placing them in the patient's mouth. Any prosthesis is subject to a SymPRO cleaning, at full price, if the prosthesis is determined to be unsafe by RDL before any work begins.
3. Any and all attachments, including but not limited to prescriptions, modifications, photographs, models, or diagrams of any sort, will be incorporated into this Agreement, unless RDL objects.
4. Should the Dentist cancel any order submitted before shipment, the Dentist shall pay for any loss or damage to RDL.
5. If RDL rejects any impressions or master models for any reason and is asked to proceed by Dentist, all warranties are voided, and any remakes will be completed at the full, current price.
6. If Dentist chooses to skip any steps that would therefore lower the probability of success of the Goods, such as, but not limited to, custom trays, wax rims, verification jigs, try-ins, RDL voids any and all warranties and remakes will be completed at full, current price.
7. The Dentist certifies that the analog positions on the cast and the wax/printed try-in have been verified for accuracy and that the stated information is correct. This form authorizes RDL to fabricate the CAM precision-milled bar or full arch zirconia using, and consistent with, the information provided on this Rx.
8. If Dentist decides on any changes from the original Rx, after work has been completed, all changes will be charged at full, current price
9. If Dentist chooses to use his/her own prescription form, or the form of another laboratory or organization, the terms set forth in this official RDL Rx will govern the contract for all products and specially fabricated goods.
10. The Dentist has the right to inspect Goods prior to acceptance. If goods are not returned to RDL within 30 days after the delivery date, this will indicate acceptance of Goods. Should the Dentist request remake of Goods, the Dentist agrees to resubmit all of the original Goods including, but not limited to, original impressions, models, and restorations to RDL. RDL must have original Goods to evaluate possible restoration repair or replacement costs to the Dentist and to determine if original Goods are repairable or require a remake of Goods.
11. Should Dentist return nonconforming Goods and such nonconformance is the fault of the Dentist, Dentist must give RDL the opportunity to provide conforming Goods within a reasonable time and bear the burden of all related costs, including but not limited to the costs of Goods and shipment. Should Dentist return nonconforming Goods and such nonconformance is the fault of RDL, Dentist must give RDL the opportunity to provide conforming Goods within a reasonable time at the original stated price. Should Dentist return nonconforming Goods and the nonconformance is the fault of both Dentist and RDL or fault is difficult to determine, Dentist must give RDL the opportunity to provide conforming Goods within a reasonable time and the costs of remaking or replacing Goods and all related shipment expenses are to be divided in proportion and RDL shall determine allocation. RDL shall also determine whether Goods conforms.
12. The parties of this Agreement shall be governed by and construed in accordance with the laws of the United States and the State of Indiana without giving effect to the conflicts of law provisions thereof. The parties further agree that any and all actions that may arise under this Agreement, shall lie exclusively in the Courts of the United States in the State of Indiana located in the County of Lake.
13. If any terms of this Agreement are held by a court of competent jurisdiction to be invalid or unenforceable, then this Agreement, including all of the remaining terms, will remain in full force and effect as if such invalid or unenforceable term had never been included.
14. The Dentist agrees to pay all legal and collection costs in the event of suit, including reasonable attorney fees.