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ALL RESTORATIONS REMAIN THE PROPERTY OF IMAGE DENTAL ARTS, INC. UNTIL THE CLIENT'S ACCOUNT IS PAID IN FULL.

**REMAKE POLICY\*\*:**

All remakes will be at no charge if received within 30 days of the invoice date except under the following circumstances:

1. Image Dental inquired about the margin or impression, but the dentist/lab approved and requested completion of the case.
2. Image Dental requested a try-in or bite registration, but the dentist/lab declined and asked for a completed case.
3. Image Dental advised dentist/lab that we could not guarantee appliance for applied use and doctor/lab requested completion of the case.
4. The teeth are re-prepared.
5. There is a shade change different from the original request.
6. The partial denture fits the master cast.
7. Implant impression not taken with impression post, hole not covered, x-ray not provided showing proper seat on implant.
8. If original appliance has been altered.
9. Implant impressions taken without transfer abutments have no warranty.

For eligible remakes within 30 days but without the original case: Image Dental shall remake these cases at 100% of the retail price of the restoration at the time the request is made. If the original model and dental restoration are returned within 60 days from the original invoice date, Image Dental will issue a 100% credit to the dentist/lab's account.

Any credit balance on an Image Dental account must be used for lab services within 60 days from the date of issue or it expires.

**WARRANTY OF WORK\*\*:**

Image Dental offers a lifetime warranty to our current "Partner" dental practices that meet our minimum monthly case submission. "Partner" dental practices must still be a qualified participant in the program at the time of submission of claim for the warranty to be in effect. For full details on the warranty program contact our office or visit our website [www.imagedentalarts.net](http://www.imagedentalarts.net).

This warranty is in lieu of all other warranties, whether expressed or implied and may not be modified by any agent, employee, representative, or distributor of Image Dental Arts, Inc.

**CONDITIONS WHICH MUST BE MET FOR WARRANTY TO APPLY:**

1. Prosthesis must be inserted by a licensed, practicing dentist.
2. Patient must adhere to semi-annual dental maintenance (cleaning and exam) program, in the office of a licensed and practicing dentist.
3. The maintenance schedule on this certificate, or similar documentation, must be documented by the attending dentist each visit to validate this warranty.
4. Dental prosthetic must be returned with model work in order for the credit to be issued.

The following appliances and services, however, are not covered by any warranty, because of their temporary or delicate nature:

- All removable prosthetic appliances are excluded from the Lifetime Warranty.
- Veneers
- Orthodontic appliances
- Sleep Appliances

DOCTOR \_\_\_\_\_ DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_  
 PATIENTS NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
 DUE DATE \_\_\_\_\_ by 5:00 p.m. AGE \_\_\_\_\_  
 R 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 L  
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

**Restoration Type**

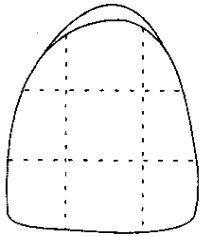
- Crown  Bridge  Veneer  Inlay  Post And Core

**Crown Type**

- Full Contour Zirconia  
 Full Contour Translucent Zirconia  
 PFZ (Porcelain Fused To Zirconia--Layered)  
 Lithium Disilicate (e.max)  
 PFM (buccal coverage only)  
 PFM (full porcelain coverage)  
 Full Cast

SHADE \_\_\_\_\_

STUMP SHADE \_\_\_\_\_



**Alloy Type**

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

**PREFERENCES**

**Occlusion**

- Out  
 Slightly Out  
 Heavy (Contact Opposing)

**Margin Design**

- Lingual Collar  
 Porcelain Margin  
 Full Metal Band  
 360 Porcelain Margin

**Contacts**

- Light  
 Medium  
 Heavy (Scrape Cast)

**Occlusal Stain**

- Yes  No

**Abutment Type**

- Zirconia  
 Titanium

**Implant**

Brand \_\_\_\_\_  
 Size \_\_\_\_\_

**PONTIC DESIGN**

- Sanitary  Ridge Lap  
 Ovate Pontic  Modified

Notes \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If Insufficient Room**

- Reduce Prep  
 Metal Occlusal  
 Reduce Opposing  
 Metal Occlusal Island  
 Call

LAB USE ONLY
Model
D-Trim
Scan
Dsn-Mill
Prep
OP/Plm
Bld
Ctr
Stn/Glz
Pol
QC

By signing or sending this RX (or a substitute therefore) the Image Dental Arts, Inc., I agree to abide by all terms and conditions listed below. Image Dental Arts, Inc. is not liable for incidental or consequential damages, including inconvenience, lost wages, chairtime or pain and suffering. All statements must be paid in full by the last day of the month in which the statement is prepared. Any amounts not paid by the last business day of such month will incur a 1.5% finance charge per month and the account will be automatically placed on C.O.D. terms. A fee of \$20.00 will be charged for returned checks. All disputes shall be governed in all respects by Indiana law and client agrees to submit to the exclusive jurisdiction of, and venue in, the courts of Indiana in any dispute, with the prevailing party to recover attorney's fees, court costs and other expenses, including actual expert witness fees, if any, in addition to any other relief to which prevailing party may be entitled.

\*\*All remake and warranty terms and conditions are subject to change without notice. Please visit our website [www.imagedentalarts.net](http://www.imagedentalarts.net) to receive the latest applicable terms and conditions for warranty and remake issues.

Date	Type Exam	Dr. Initials

Call Dr. \_\_\_\_\_

Photo Sent \_\_\_\_\_

Signature \_\_\_\_\_ License # \_\_\_\_\_