Image Dental Arts
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www.imagedentalarts.net

CERTIFIED DENTAL TECHNICIAN CDT

ADA APPROVED PRODUCTS

PLEASE PRINT LEGIBLY • SEND ORIGINAL AND KEEP COPY

DATE

DR. PHONE

PATIENT'S NAME
OR CASE NO.

DATE NEEDED / / TIME NEEDED A.M. P.M.

SHADE	TYPE OF TEETH	MOULD	☐ MALE ☐ FEMALE	AGE

SUPPLIES NEEDED

- ☐ Prosthetic Forms
- ☐ Orthodontic Forms
- ☐ Return Address Labels
- ☐ _____

DENTURE DEPT

- ☐ Name/I.D.
- ☐ Implant Denture
- ☐ Muscle Trim
- ☐ Festoon
- ☐ Thin Labial
- ☐ Thick Labial
- ☐ Surgical Matrix
- ☐ Model
- ☐ Tray
- ☐ Builtbite
- ☐ Tracer
- ☐ Immediate
- ☐ Relief
- ☐ Post Damm

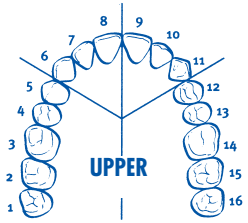
- ☐ **FULL DENTURES**
- ☐ **FLIPPER**
- ☐ **ACRYLIC PARTIAL W/CLASPS**
- ☐ **CLEARSplint® W/FLEX**
- ☐ **FLEXIBLE PARTIALS**

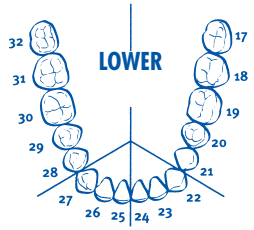
A. SELECT LEVEL OF COMPLETION

- ☐ Wax Set-Up Only
- ☐ Set-Up & Finish
- ☐ Process, Finish Only

B. SELECT TISSUE SHADE (Lucitone199® Acrylic)

- ☐ Original
- ☐ Lt. Pink
- ☐ Lt. Reddish Pink
- ☐ Dark Pink
- ☐ Clear
- ☐ Other





PARTIAL FRAMEWORKS

Appliance

Cast Partial: Vitallium®*

- ☐ Frame Only
- ☐ Frame w/Wax Rim
- ☐ Frame w/Teeth set-up
- ☐ Frame w/Teeth Set-up & finish (Lucitrone 199)

CLASPS

- ☐ Ball Clasp
- ☐ Wrought Wire Clasp
- ☐ Clear
- ☐ Duracetal-Shade_____

REPAIR & RELINE

- ☐ Replace tooth # _____
- ☐ Repair fracture
- ☐ Strengthener Bar ☐ Mesh
- ☐ Reline ☐ Hard ☐ Soft
- ☐ Rebase (New Acrylic)

SPECIAL INSTRUCTIONS

SIGNATURE D.D.S. LICENSE NO.

☐ IN ☐ QC Technician

PROSTHETIC PRESCRIPTION

REV. 12/15 IDA-04

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.

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

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 fess, 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 to receive the latest applicable terms and conditions for warranty and remake issues.

Date	*Type Exam*	*Dr. Initials*