



REQUIRED INFORMATION

Doctor: _____ Lic. #: _____ Account #: _____
 Address: _____ Due Date (by 5 pm): _____
 City/State/Zip: _____ Turnaround Time: Fixed (10 Days) Removables (10 Days)
 Phone: _____ Rx Date: _____ Patient Next Appt.: _____
 Dr. Signature^: _____ Patient Name: _____ M F
 First Last



6363 S. Pecos Road, Suite 109
 Las Vegas, NV 89120
 Fax (866) 963-6886

www.Studio360DentalLab.com
 customerservice@Studio360DentalLab.com

Send Your Cases to Studio 360 Today!
(866) 963-6885

IMPORTANT: Please call ahead to arrange rush cases.

CROWN & BRIDGE

SELECT: CROWN BRIDGE INLAY/ONLAY VENEER

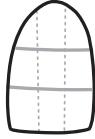
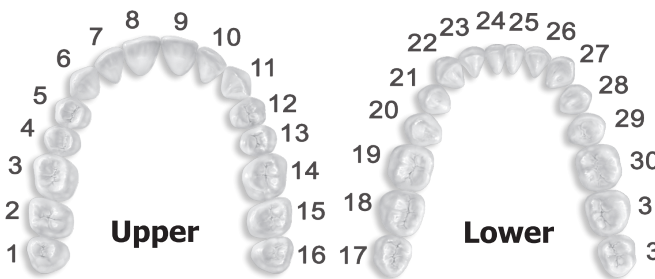
- ZIRCONIA**
 Full Contour Zirconia (FCZ)
 Zirconia Aesthetic ML
 Zirconia Layered (PFZ)
- PORCELAIN TO METAL**
 Non-Precious
 Semi-Precious
 White Gold HN
 Yellow Gold HN
- FULL CAST**
 Non-Precious
 Semi-Precious
 White Gold HN
 Yellow Gold HN

- ALL-CERAMIC**
 Lithium Disilicate
- MARYLAND BRIDGE
- COMPOSITE
- ACRYLIC TEMPORARY
- C & B EXTRAS**
 Rest Wing
 Fit to Partial
 Diagnostic Wax-up

- IMPLANTS (Servicing All Major Implant Brands)**
 FCZ & Titanium Abutment Bundle (Crown, Abutment, Screw, Analog, Tissue Model, Labor)
- CUSTOM/SELECT ABUTMENT:** Titanium Zirconia
 Stock Abutment Size _____
 Custom Abutment
 Parts Supplied by Doctor Manufacturer _____

SPECIAL INSTRUCTIONS

TOOTH #: _____
 SHADE: _____
 STUMP SHADE: _____

Upper Lower

REDO CASE

REMOVABLE PROSTHETICS

SELECT: FULL DENTURE PARTIAL UNILATERAL

- TISSUE SHADE:**
 Light Pink
 Pink
 Ethnic
- SELECT STAGE:**
 Complete (One Stage)
 Set to Enclosed Frame
 Wax Try-in w/Teeth
 Frame Try-in
 Final Process
- UPGRADE TO PREMIUM TEETH

- NON-METAL PARTIALS**
 Flexible Partial
- ACRYLIC PARTIALS**
 Flipper (1 Tooth)
 Stayplate* (2-5 Teeth)
 Acrylic Partial* (6+ Teeth)
 *Includes wire clasps
- FULL DENTURES**
 Standard
 Premium

- IMMEDIATES**
 Extract All
 Extract tooth # _____

- CAST METAL PARTIALS**
 Cast Metal (Chrome Cobalt)
 Vitallium 2000
- BITESOFT SPLINT THERAPY (Upper Arch only)**
 Anterior Full Arch
 SELECT: Dual Laminate
 Thermo-lined

- COMBO PARTIALS**
 Cast Metal Frame w/Flexible Saddles/Clasps

- CLASP DESIGN**
 Lab Select RPI
 Roach Akers

- MAJOR CONNECTOR**
 Lab Select Full Palate Lingual Plate
 Horseshoe Lingual Bar A-P Bar
 Palatal Strap

- REMOVABLE EXTRAS**
 Wax Bite Block Custom Tray Reline Hard
 Wax Bite Rim Bleach Tray Reline Soft
 Cusil # _____ Rebase Repair

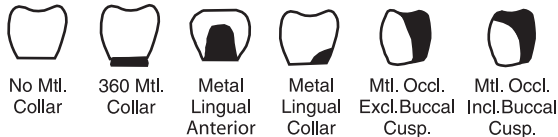
- CASE MATERIALS ENCLOSED:**
 Impressions Bite Registration Models Implant Parts

- REQUEST FREE SUPPLIES:**
 Rx Forms Case Boxes FedEx Labels

BUCCAL MARGIN

- Porcelain Butt Margin
 360° Porcelain Butt Margin
- STAINING**
 Light Heavy
 Medium None

METAL DESIGN



PONTIC DESIGN



OCCUSAL CLEARANCE

- Light
 Open
 Tight

CONTACT

- Light
 Medium
 Heavy

IF INSUFFICIENT ROOM:

- Adjust Opposing
 Reduction Coping
 Metal Occlusal / Lingual

REDO: Yes No

ORIGINAL PRODUCT ENCLOSED: Yes No

TURNAROUND TIME	Days InLab ¹
Fixed	10
Removable	10
Implants*	10 ⁺

*Additional time maybe required to order parts.

¹Excludes Weekends & Holidays. Working times are not guaranteed.

Please Note: A case requiring a call from a technician or scheduling department may cause delays to the fabrication process.

RUSH SERVICES/FEEES [^]	Days InLab
"Rush 25" - \$30 Per Unit/Per Arch	5

[^]Rush services/fees are not available for all products and subject to change during the holiday seasons. To arrange rush service for your case, contact Studio 360 Dental Laboratory Scheduling Department. Rush fees not subject to credit.

*IMPORTANT INFORMATION

All prices are subject to change without notice and are quoted as complete (one stage) or one unit. Some products are subject to additional fees, e.g., C & B and removable extras, attachments and additional implant parts, multiple stages, and metal surcharges.

STUDIO 360 "THE DENTAL LAB" TERMS & POLICIES[^]

By signing or sending this Rx slip (or a substitute therefore) to Studio 360 "The Dental Lab" (d.b.a. Studio 360 Dental Lab), I agree to abide by all terms and policies listed below.

All statements must be paid in full by the 15th of the month in which the statement is prepared. Any amounts not paid by the last business day of such month will incur a 2% finance charge per month, and the account will be automatically placed on C.O.D. terms. All cases will be billed in stages and will be paid in full according to stage. All cases and items sent remain the property of Studio 360 "The Dental Lab", until client's account is paid in full. A minimum of \$50.00 will be charged for returned checks. All disputes shall be governed in all respects by Nevada law and client agrees to submit to the exclusive jurisdiction of, and venue in, the courts of Nevada 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.

Please visit studio360dentallab.com for complete warranty and remake information.