



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
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 Fax (866) 963-6886

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 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

MARYLAND BRIDGE

COMPOSITE

ACRYLIC TEMPORARY

C & B EXTRAS

- Rest Wing
- Fit to Partial
- Diagnostic Wax-up

ALL-CERAMIC

- Lithium Disilicate

IMPLANTS (Servicing All Major Implant Brands)

FCZ & Titanium Abutment Bundle (Crown, Abutment, Screw, Analog, Tissue Model, Labor)

CUSTOM/SELECT ABUTMENT:

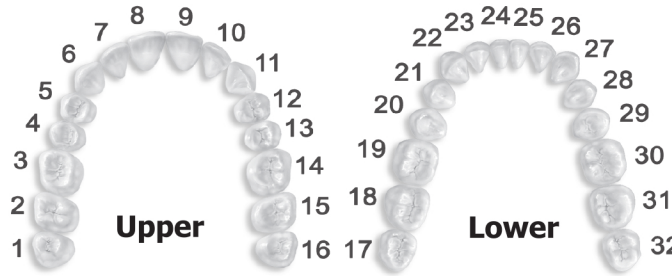
- Stock Abutment
- Custom Abutment
- Parts Supplied by Doctor
- Titanium
- Zirconia
- Size _____
- Manufacturer _____

SPECIAL INSTRUCTIONS

TOOTH #: _____

SHADE: _____

STUMP SHADE: _____



REDO CASE

REMOVABLE PROSTHETICS

DIGITAL DENTURE 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

CAST METAL PARTIALS

- Cast Metal (Chrome Cobalt)
- Vitallium 2000

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

FULL DENTURES

- Standard
- Premium

IMMEDIATES

- Extract All
- Extract tooth # _____

BITESOFT SPLINT THERAPY

(Upper Arch only)

- Anterior Full Arch
- SELECT: Dual Laminate Thermo-lined

NIGHT GUARDS

- Hard Soft
- Hard/Soft

SPORTS GUARD

- Pro-Form Sports Guard

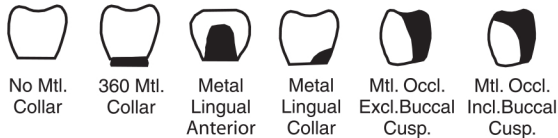
BUCCAL MARGIN

- 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

CASE MATERIALS ENCLOSED:

- Impressions Bite Registration Models Implant Parts

REQUEST FREE SUPPLIES:

- Rx Forms Case Boxes FedEx Labels

TURNAROUND TIME	Days InLab¹
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/FEES²	Days InLab
"Rush 25" - \$25 Per Unit/Per Arch	5

²Rush 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.