

Prep Date: \_\_\_\_\_ Deliver case by 5:00 PM on: \_\_\_\_\_

Doctor & Office Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_ / \_\_\_\_\_  
Last First

Age: \_\_\_\_\_  Male  Female  Lab to call Doctor's office

### TYPE OF RESTORATION

#### Layered Zirconia

- Lava  
 Perfect Zirconia

#### Solid Zirconia

- Bruxzir  
 Perfect Solid Zirconia  
 Perfect Solid Zirconia (w/Porcelain Facing)  
 Super Translucent (Super T)

#### All Ceramic

- Emax (Stump Shade Required)  
 Emax Pressed To Zirconia (Zirpress)  
 Composite

- Diagnostic Wax Up  
 PMMA Temp  
 Maryland Bridge

#### PFM

- Yellow Gold\*  
 White Gold\*  
 Semi Precious\*  
 Titanium  
 Non Precious

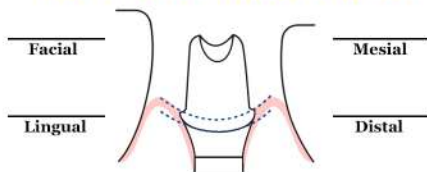
#### Full Cast

- Yellow Gold\*  
 White Gold\*  
 Semi Precious\*  
 Titanium  
 Non Precious

### IMPLANT INFORMATION

- Name of Implant System\*\*:  
 Cement Retained -OR-  Screw Retained  
 Single Unit -OR-  Splinted  
 Titanium -OR-  Zirconia  
 Custom Abutment  
 Implant Diameter: \_\_\_\_\_  
 Surgical Stent/Guide

### ABUTMENT MARGIN DEPTH



### OFFICE USE ONLY

- Impression  Pre-op Model  Photo  
 Bite  Model  E-mail  
 Opposing  Other: \_\_\_\_\_

### RETURN FOR

- Die Trim  Metal Try In  Bisque Bake

### OCCLUSAL CONTACT

- Out  Light  Contact

### PROXIMAL CONTACT

- Light  Heavy

### PONTIC DESIGN



### MARGIN & METAL DESIGN

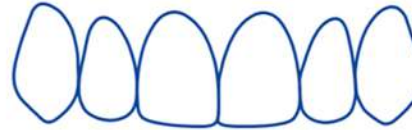


- Metal/Porcelain Junction Margin  
 Porc. Margin (90° Shoulder Required)  
 360° Metal Margin: \_\_\_\_\_ .mm  
 No Metal on Lingual

### IF NO OCCLUSAL CLEARANCE

- Call Doctor  Spot Opposing  
 Reduction Coping  Metal Occlusion  
 Make This Permanent Preference

### SHADE INFORMATION



Final Shade  Prep Stump Shade

### TYPE OF SHADE GUIDE

- Vita Classic  Chromoscope  
 Vita 3D Guide  Bioform  
 Other: \_\_\_\_\_  
 Smile Guide # \_\_\_\_\_

### Surface Characteristics Surface Glaze Occlusal Staining

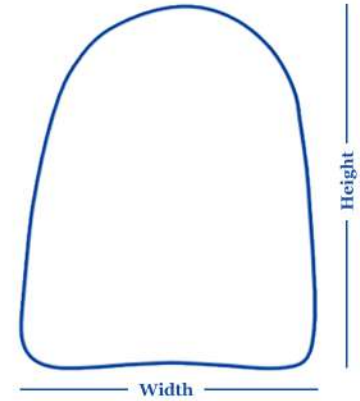
- Smooth  Shiny  None  
 Medium  Medium  Light  
 Rough  Polished  Medium

### OFFICE USE ONLY

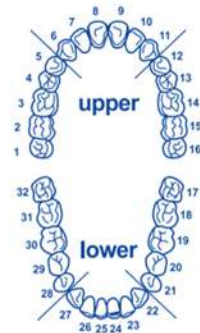
Case# \_\_\_\_\_

Pan# \_\_\_\_\_

### CUSTOM SHADE



Please provide stump/prep shade, photos and study models on all anterior cases.



ALL LOCAL ACCOUNTS THAT REQUIRE SAME DAY PICK-UP MUST BE BEFORE 12:00 PM. CALLS AFTER 12:00 PM WILL BE PICKED UP THE FOLLOWING BUSINESS DAY.

\* Additional fee will be added depending on market place

\*\* We work with all Implant & CAD/CAM systems

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ License #: \_\_\_\_\_

## TERMS & CONDITIONS

By the Company submitting this form ("Agreement") to Perfect Smile Dental Ceramics, Inc. (Perfect Smile) the Company agrees to a contract for the sale and delivery to the specially manufactured goods herein ("Product"). This Agreement is subject to the following terms and conditions.

1. Payment is due in full after receipt of Product. Company agrees to pay in full the stated price of product plus any late payment penalties plus all cost of collection, including but not limited to, attorneys fees if any. The Company further agrees to pay a late penalty of 1.5% per month charged upon unpaid balance. Such late penalty shall commence 15 days after receipt of monthly statement. In the event that any order submitted by the Company is cancelled for any reason before shipment, the Company shall pay loss or damage to Perfect Smile Dental Ceramics, Inc.
2. The Company has the right to inspect Product prior to acceptance in a reasonable time and reasonable manner. Failure to reasonably notify and return Product within 10 Business days after receipt of Product to Perfect Smile shall constitute acceptance. Other forms of acceptance include, but are not limited to cementing Product in the mouth or requesting a change of shade, preparation, bites or design modification of any sort.
3. Where the Company rejects nonconforming Product and such nonconformance is the fault of the Company. The Company must give Perfect Smile the opportunity to provide a conforming tender within a reasonable time and the Company bear the burden of all related costs, including but not limited to the costs of Product and shipment. Where the Company rejects nonconforming Product and such nonconformance is the fault of Perfect Smile, the Company must give Perfect Smile the opportunity to provide a conforming tender within a reasonable time at the original contract price.
4. Should Perfect Smile Fail to provide a conforming Product in a reasonable time, Dentist's remedies are limited to the return of the goods and repayment of the contract price or to repair and replacement of nonconforming Product by Perfect Smile Dental Ceramics.
5. Where Company requests remanufacture of a Product, the Company agrees to resubmit all original goods including but not limited to original impressions, models and restoration(s). Perfect Smile must have original goods to assess possible restoration replacement or repair cost to the Company and to determine if original Product is repairable or necessitates remanufacture.
6. The Company must thoroughly and carefully clean all blood and saliva from all materials used in the mouth and disinfect all these items before sending to laboratory.

## IN-LAB WORKING TIMES

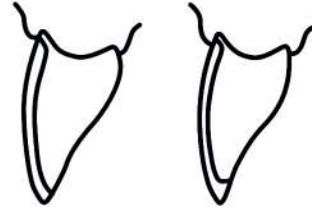
10-day turnaround on most restorations up to 10 units.  
 Call lab for implant time schedule.  
 Working time does NOT include weekends or holidays.

## RUSH SCHEDULE

**All Rush Cases Must Be Pre-Approved**  
 5-6 day rush charge - \$25 per unit  
 4 day rush charge - \$50 per unit  
 3 days or less - Call Lab

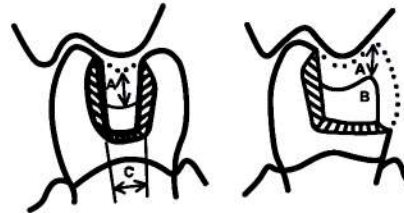
## Minimum Preparation Guidelines For All Ceramic

A. 0.8 to 1.0mm labial reduction.



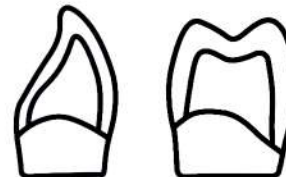
### Porcelain Laminate

- A. 1.5 to 2.0mm reduction.  
 B. Round all sharp line angles.  
 C. Proximal and occlusal walls should have 6 to 8 degree taper.



### Inlay/Onlay

Labial  
 Lingual = 1.0 to 1.5mm  
 Interproximal



### Metal - Free Crown

## OFFICE USE ONLY

### PERFECT SMILE DENTAL CERAMICS QUALITY CONTROL CHECKLIST

DATE		NAME
	MODEL WORK	
	ARTICULATION	
	DIE TRIM	
	WAX UP	
	METAL FINISH	
	OPAQUE	
	PORCELAIN MARGIN	
	BUILD UP	
	GLAZE	
	POLISH	
	REPAIR	
	LOT #	
	INGOT	
	SCAN	
	DESIGN	

\*Quality Control Check \*Microscope Check

ARTICULATION	
MORPHOLOGY	
OCCCLUSION	
CONTACT	
METAL - FIT	
MARGINS	
PORCELAIN MARGIN	
GLAZE	

QC Signature: \_\_\_\_\_