

DUE

PAN

ORTHODONTICS RX



# PROARTS

## DENTAL LABORATORIES

15410 E VALLEY BLVD  
CITY OF INDUSTRY, CA 91746

(626) 333-3531 • Fax (626) 899-4799

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DENTAL OFFICE: \_\_\_\_\_

PATIENT: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SENT

DUE

INSURANCE

CHART

### PROCEDURE

#### APPLIANCES

HAWLEY RETAINER: ☐ UPPER ☐ LOWER

CLEAR RETAINER: ☐ UPPER ☐ LOWER

ESSIX: ☐ UPPER ☐ LOWER

SPACE MAINTAINER: ☐ UPPER ☐ LOWER

#### SPLINT

HARD NIGHTGUARD: ☐ UPPER ☐ LOWER

SOFT NIGHTGUARD: ☐ UPPER ☐ LOWER

SOFT / HARD NG: ☐ UPPER ☐ LOWER

SPORTSGUARD: ☐ UPPER

SHADE

### CHECKLIST

#### DONT FORGET:

- |                                         |                                         |
|-----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Name           | <input type="checkbox"/> Instructions   |
| <input type="checkbox"/> Procedure      | <input type="checkbox"/> Shade          |
| <input type="checkbox"/> Sent/Due Dates | <input type="checkbox"/> Keep Pink Slip |



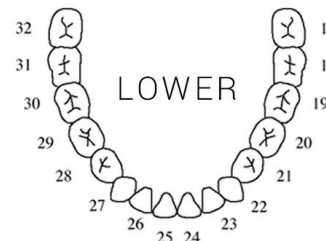
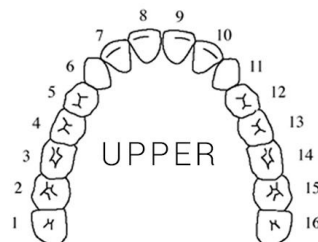
### TERMS AND CONDITIONS

TERMS: All accounts are due the 1st of each month. Accounts not paid within the stated term will be subject to a late fee.

LIMITED WARRANTY/LIMITATION OF LIABILITY: Pro Arts Dental Laboratory provides a limited warranty against manufacture problems. This warranty is limited to the first 90 DAYS after the date of final delivery whether it's a new or used (repaired) device. The warranty does not cover breakage resulting from accident, neglect, and/or misuse; changes in the patients dental anatomy, whether occurred due to direct or indirect causes. Pro Arts Dental Lab will not be responsible for remakes due to bad impressions, incorrect procedures, and/or incorrect instructions, originated at the dental office. We reserve the right to ask for new impressions at any time. In case of breakage or a manufacture defect, the device must be returned and Pro Arts Dental Lab will repair or remake it at no charge as long as the circumstances fall under the "LIMITED WARRANTY/LIMITATION OF LIABILITY" terms. You agree to fully cover the costs originated from remaking and/or repairing any type of devices, when out of warranty. All warranty terms, conditions and prices are subject to change without notice.

PRO ARTS DENTAL LABORATORY WILL NOT BE LIABLE FOR ANY LOSS AND/OR DAMAGES CAUSED FROM THE USE OF THE PRODUCTS WE PROVIDE, WHETHER DIRECT, INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\*I hereby agree that sending a case for final processing means that both the patient and doctor are fully satisfied with the preliminary set-up.



## MARK TEETH TO BE EXTRACTED

### FOR OFFICE USE ONLY

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

PLEASE SEND WHITE AND YELLOW SLIPS TO PRO ARTS DENTAL LAB - KEEP PINK SLIP FOR YOUR RECORDS