

DUE _____ **PAN** _____

LABORATORY RX



PROARTS DENTAL LABORATORIES

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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: _____

PROCEDURE	SENT	DUE
BITE BLOCK	_____	_____
FRAME/ BITE	_____	_____
TRY-IN W/ TEETH (ALLOW 10 BUSINESS DAYS FOR METAL)	_____	_____
RETRY-IN	_____	_____
FINISH*	_____	_____

INSURANCE	_____
CHART	_____

PROCEDURE

ACRYLIC

FULL DENTURE: UPPER LOWER
 IMMEDIATE
 STAYPLATE: UPPER LOWER
 IMMEDIATE

METAL FRAMEWORK

METAL/ACRYLIC: UPPER LOWER
 METAL/VALPLAST: UPPER LOWER

FLEXIBLE PARTIALS

VALPLAST: UPPER LOWER
 DURAFLEX: UPPER LOWER

FOR OFFICE USE ONLY

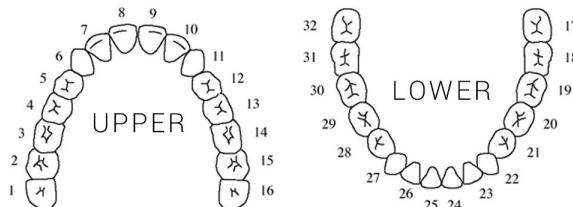
INSTRUCTIONS

SHADE



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.

MANUFACTURED WORK MUST BE RETURNED WHEN REQUESTING A REMAKE OR WITHIN 15 DAYS OF REMAKE DELIVERY AND WILL BE SUBJECT TO APPROVAL PER OUR RETURN POLICY.



MARK TEETH TO BE EXTRACTED

CHECKLIST

DONT FORGET:

- Name
- Procedure
- Sent/Due Dates
- Instructions
- Shade
- Keep Pink Slip

IN-LAB WORKING DAYS

Please allow for the full working time on each procedure. Working times do not include weekends and/or holidays.

Metal Frame 10-12 days Metal Repairs 5 days
 Bite Block 5 days Soft Reline 5 days
 Try-in w/ Teeth 5 days Valplast Rebase .. 5 days
 Final Processing 5 days Acrylic Repair 3 days

Rush services are available upon request and are subject to an additional fee.

*SAME-DAY SERVICE

We provide local same-day service at no additional cost for acrylic repairs and acrylic relines. Cases picked up by 12 pm will be returned by 4:30 pm. Cases ready after 12pm will be delivered the next day by 4:30 pm.

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. Cases may be placed on HOLD until payment is cleared.

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, negligence, 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.