



4908 Creekside Drive  
Suite B  
Clearwater, FL 33760

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Doctor's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

Patient Name \_\_\_\_\_  
Deliver by \_\_\_\_\_  
 Please call at \_\_\_\_\_

**FIXED RESTORATIONS**

**Buccal Margin**

- Buccal Metal Margin ( \_\_\_ mm)     Porcelain Butt Margin
- Metal-Porcelain Junction Margin

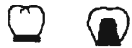


**Staining**

**Shade Instructions**

Shade \_\_\_\_\_  
 Light    Medium    Heavy

**Anterior Design**  
(Circle Preferences)



**Posterior Design**  
(Circle Preferences)



**Pontic Design**

(Circle Preferences)



**Tooth Number** \_\_\_\_\_

Crown \_\_\_ Pontic \_\_\_ Inlay/Onlay \_\_\_ Veneer \_\_\_ P&C \_\_\_

**Suntech® CAD/CAM Crowns**

- Zirconia
- Suntech® LIGHT

**Suntech® CAD/CAM Copings**

- Zirconia
- Suntech® LIGHT

**All-Ceramic Restorations**

- Empress®/Eris®
- Wol-Ceram®
- Procera®
- Cercon®
- Sculpture®
- Cerec Inlab®

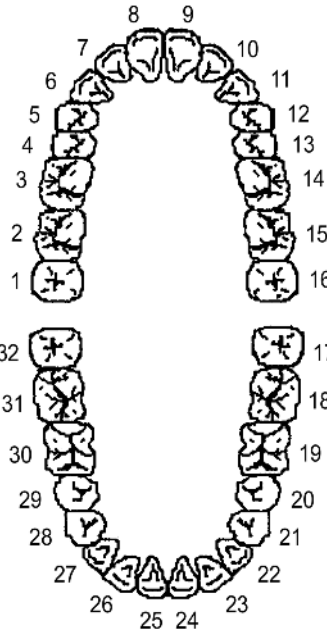
**Porcelain to Metal**

- Non-Precious
- Semi-Precious
- Precious (86% Gold)
- Captek®

**Full Cast Crown**

- NP             SP
- 52% Gold    86% Gold

Upper



Lower

**Amount of Reduction**

- Light (approx. 1mm)     Medium (approx. 2mm)

**REMOVABLE RESTORATIONS**

Shade Guide Name \_\_\_\_\_ Number \_\_\_\_\_  
(Circle Shade #) 59 62 65 66 67 69 77 81  
(Circle Tissue Shade) Clear Lt Pink Pink Md Meharry Dk Meharry

**Check Appropriate Type**

- Full     Partial     Nesbit     Unilateral

**Partials**

- Sunflex®
- Premium Cast  
Partials/Complete
- Chrome Frame w/Sunflex®
- Nobilstar w/Sunflex®
- Nobilstar

**Treatment Partials**

- Flipper (1 tooth)
- Stay Plate (2-5 teeth)
- Acrylic Partial (6+ teeth)
- FRS

**Dentures**

- Premium

**Custom Teeth\***

- IPN Portrait™ Teeth

**Immediates**

- Extract All
- Extract Tooth # \_\_\_\_\_

\*Extra charges apply

**Removable Extras**

- Bite Rims     Repair
- Bite Blocks    Cusil
- Reline         Custom Tray
- Cast Substructure
- Jump Case

**Attachments**

- ERA     PD     Hader Bar

**Major Connector**

- Lab Select     Lingual Bar
- Lingual Plate    Horseshoe
- Palatal Bar    Full Palate
- Double Palatal Bar

**Design Claspng**

- Lab Select     RPI
- Roach         Akers
- Hidden        Other \_\_\_\_\_

**Clasp Type**

- Cast    Wire    Thermoflex

**Reinforcement**

- Wire             None
- Cast Metal Frame

**SPECIAL INSTRUCTIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dr.'s Signature \_\_\_\_\_

DDS License # \_\_\_\_\_

Client agrees to all terms and conditions specified on reverse of form

## Sun Dental Labs Terms & Policies

By signing or sending this RX Slip (or a substitute therefor) to Sun Dental Labs, I agree to abide by all the following terms and policies. Sun Dental Labs is not liable for incidental or consequential damages, including inconvenience, lost wages, chair time or pain and suffering.

### Terms

All statements must be paid in full by the 10th of the month in which the statement is prepared. Any amounts not paid will incur a 1.5% finance charge and the account will be placed on C.O.D. terms. All cases will be billed and payable in stages.

All cases and items sent remain the property of Sun Dental Labs until account is paid in full. A \$50.00 minimum will be charged on all returned checks. All disputes shall be governed by Florida law with venue in Pinellas County, with the prevailing party to recover all fees & expenses associated with case.

### What Is Covered?

1. Repair or replacement of appliance.

### What Is Not Covered?

1. Cash refund for prosthesis.
2. Cost incurred for removal or insertion.
3. Repairs resulting from accidents, neglect, abuse, failure of supportive tissue structures, improper adjustments or improper dental hygiene.
4. Incidental or consequential damage, including inconvenience, lost wages, chair time or pain and suffering.
5. Sun Dental Labs is not liable for any fixed prosthetic (over five units) or any removable prosthetic, that has not been appropriately fitted prior to process.
6. Repairs, relines, implant, immediate dentures, immediate partials and appliances partially fabricated or completely fabricated by another lab other than Sun Dental Labs, LLC.

## Conditions Of Warranty

1. Prosthesis must be inserted by a licensed, practicing dentist.
2. Patient must adhere to semi-annual dental maintenance (cleaning & exam) program, in the office of a licensed, practicing dentist.
3. Dental prosthetic must be returned with model work in order for credit to be issued.

**Warranty is for two years from delivery date. This warranty is in lieu of all other warranties, whether expressed or implied and may not be modified by any agent, employee, representative or distributor of Sun Dental Labs, LLC.**

## Sun Dental Labs Working Times

|                          |                 |
|--------------------------|-----------------|
| PORCELAIN FUSED TO METAL | 7 BUSINESS DAYS |
| ALL-CERAMIC CROWNS       | 7 BUSINESS DAYS |
| COMPOSITES               | 7 BUSINESS DAYS |
| DENTURES AND PARTIALS    | 7 BUSINESS DAYS |

## Shipping

Pick-up charges are \$8 per box. Price subject to change without notice. You may put as many cases as you wish into box.