

Dr. Name _____

Practice & Phone _____

Address _____

Patient Name _____ Return by 5pm on _____

RX Date _____ Pt. Appt. Date & Time _____

All Ceramic

- Full-Contour Zirconia
- IPS e.max®*
- Porcelain Fused to Zirconia
- IPS e.max Veneers*
- Maryland Bridge (PFZ)

Porcelain to Metal

- Porcelain to Base Metal
- Porcelain to Semi-Precious
- Porcelain to White High Noble
- Porcelain to Yellow High Noble
- Maryland Bridge (non-precious)

Margin Design (for PFMs)

- Porcelain Butt Margin
- Lingual Collar in Metal
- Full Metal Band
- No Metal Collars
- Full Metal Lingual
- Metal Occlusal

Full Cast

- Yellow Gold
- Non-Precious (White)
- Non-Precious (Yellow)
- Semi-Precious (White)
- White High Noble (White)

Post & Core

- Post & Core Material
- Fused to Crown: Yes No

Tooth Number(s)

- Crown # _____
- Bridge # _____
- Inlay/Onlay # _____

Shade

Final Shade _____

Stump Shade* _____

**Please provide Stump Shade if all-ceramic material is marked with **

Case Design

- Contacts**
- Normal Broad
 - Light Heavy

- Occlusion**
- Ideal Out of Occlusion
 - Light Open ____ mm

- If no occlusal clearance**
- Metal Occlusal Metal Island
 - Reduce Prep Relieve Opposing
 - Send Reduction Coping
 - Call Doctor

- Embrasures**
- Open Closed Normal

- Occlusal Staining**
- None Light
 - Medium Dark

- Pontic Design**
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Removables

- Denture Set-Up/Try-In
- Denture Process to Finish
- Denture Complete/One Step
- Valplast® Partial
- Acrylic Partial
- Acrylic Flipper
- Custom Tray
- Base Plate w/ Bite Rim
- Cast Partial Framework

Implants & Abutments

- Implant:** System & Size: _____
- Abutment:**
- Authentic System (Brand) _____
- 3rd Party
- Size: _____
- Order all implant components

Misc.

- PMMA Temporaries
- Diagnostic Wax-Up
- Bleaching Tray
- Essix Retainer
- Comfort H/S™ Bite Splint
- Clear
- Colored _____
- Upper Lower
- Comfort H/S™ Bite Splint
- With guidance/acrylic build-up
- Sports Mouthguard
- Color: _____
- Level: _____ (if needed)

Notes

Please e-mail photos to: info@idarts.net

Other Directions

- Dr. to Trim Dies Metal Try-In Bisque Bake
- Needs Phone Consultation

Enclosed with Case

- Impression Articulator
- Models Photos
- Bite Other _____

Please send more:

- FedEx Labels RXs Bio Bags Boxes

Innovative Dental Arts Terms & Policies

By signing or sending this Rx slip (or a substitute thereof) to Innovative Dental Arts (IDA), I agree to abide by all the terms and policies listed herein. IDA is not responsible for incidental or consequential damages, including inconvenience, lost income, chairtime or pain and suffering.

- 1.** All accounts are payable within 15 days of the statement date. Any amounts not paid within the terms are subject to a monthly finance charge of 1.5% of the unpaid balance. In addition, the account is subject to COD status whereas the unpaid balance will be added to the cost of the case(s) being delivered. All case and items sent will remain the property of IDA until the balance is paid in full. A minimum of \$25.00 will be charged for all checks returned to IDA. Any legal fees related to collections are the responsibility of the client. Client agrees that all legal claims and/or disputes shall be governed by the Commonwealth of Pennsylvania and submit to exclusive jurisdiction of and be in venue of.
- 2.** For a period of five years from the date of invoice for crown & bridge items, and one year for removable products, we guarantee your complete satisfaction with the workmanship and materials of the appliance you purchased. This warranty is in lieu of all other warranties, whether expressed, implied or written by any agent, broker, distributor, employee or representative of IDA. Incidents where there is failure of supportive tooth or tissue structures, improper adjustments, improper dental hygiene, abuse or accidents make this guarantee null and void.
- 3.** If the appliance is not acceptable at the time of receipt or at the time of insertion, we shall adjust, repair or replace the appliance at no charge. Simply return the prosthesis with the original model work and an explanation of the problem with your request for either adjustment, repair, replacement or refund. If a doctor requests a remake of a case with a change of design, restoration type, or shade from the original RX, it will be subject to charge.

CONDITIONS - Prosthesis must be inserted by a licensed practicing dentist or prosthodontist within one month of fabrication. Patient must adhere to semi-annual cleanings and exams.