LABOSmileUSA
Dental Lab

1300 SW 10th Street, Suite 1
Delray Beach FL 33444
Phone Number: (561) 330-4635
Fax: (561) 330-9314
Email: info@labosmileusa.com

RX Date: _____

Deliver by: _____

Patient Appointment: _____

Patient Name: _____

Male ☐ **Female** ☐ **Approx. Age:** _____

TEETH NUMBERS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

PORCELAIN FUSED TO METAL:
- ☐ PORCELAIN TO NON-PRECIOUS
- ☐ PORCELAIN TO SEMI PRECIOUS
- ☐ PORCELAIN TO WHITE HIGH NOBLE
- ☐ CAPTEK

FULL CAST:
- ☐ NON-PRECIOUS (WHITE
- ☐ NON-PRECIOUS (YELLOW)
- ☐ POST & CORE NON-PRECIOUS
- ☐ POST & CORE SEMI PRECIOUS

MARGIN DESIGN:
- ☐ LINGUAL METAL COLLAR
- ☐ 360 DEGREE METAL COLLAR
- ☐ NO METAL COLLAR
- ☐ METAL LINGUAL

ALL CERAMIC:
- ☐ EMAX
- ☐ LAYERED ZIRCONIA
- ☐ FULL ZIRCONIA
- ☐ HIGH TRANS FULL ZIRCONIA

IMMEDIATE DENTURES & PARTIALS (ONE ST
- ☐ VALPLAST
- ☐ FLIPPER
- ☐ ACYLIC PARTIAL
- ☐ DENTURE

- ☐ CROWN
- ☐ BRIDGE
- ☐ SPLINTERED
- ☐ VENEER
- ☐ INLAY/ONLAY
- ☐ WING

OTHERS:
- ☐ HARD NIGHT GUARD/SOFT LINING
- ☐ BLEACHING TRAY
- ☐ RETAINER

Signature: _____

Doctor Name: _____

Address: _____

City/State/Zip: _____

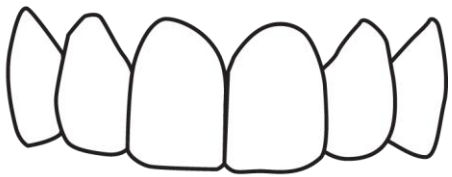
Phone Number: _____

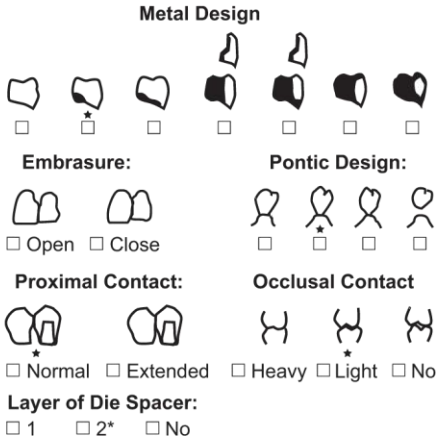
Other Instructions (Print Neatly, No Cursive)

_____
_____
_____
_____

Shade Details

Shade: _____





Dr. License Number: _____

TERMS & POLICY
By signing or sending this RX slip (or a substitute therefor) to Next Dental Lab, I agree to abide by all the following terms and policies. Next Dental Lab is not liable for incidental or consequential damages. Including inconvenience, lost wages, chair time, or pain and suffering.

All statements must be paid in full by the 15th of the month in which the statement is prepared. Any amount 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. $50.00 will be charge on all returned checks. All disputes shall be governed by Florida law with venue in Palm Beach County with the prevailing party to recover all fees and expenses associated with case.

WHAT IS COVERED?
- Repair or replacement of appliance

WHAT IS NOT COVERED?
- Cash refund for prosthesis
- Cost incurred for removal or insertion
- Repairs resulting from accidents, neglect, abuse, failure of supportive tissue structures, improper adjustments, or improper dental hygiene.
- incidental or consequential damage, including inconvenience, lost wages, chair time, or pain and suffering.
- Next Dental Lab, LLC. is not liable for any fixed prosthetic (over 5 units) or any removal prosthetic, that has not be appropriately fitted prior to process
- Repairs, relines, immediate dentures, immediate partials and appliances partially fabricated or completely fabricated by another lab than Next Dental Lab, LLC.

CONDITIONS OF WARANTY
- Prosthesis must be inserted by a licensed practicing dentist.
- Patient must adhere to semi-annual dental maintenance (cleaning and exam) Program, in the office of a licensed practicing dentist.
- Dental prosthetic must be returned with model work for credit to be issued

Warranty is for 5 years from delivery date. this warranty is in lieu of all other warranties, whether expressed or implied and may not be may modified by any agent, employee, representative, or distributor of Next Dental Lab, LLC