

CROWN & BRIDGE

Tooth Number _____

Stage ☐ Single ☐ Splint

☐ Bisque Bake ☐ Finish

ZIRCONIA/ ALL CERAMIC

- ☐ Full/ Zirconia Solid
☐ Full/ Zirconia Multi Layered
☐ Layered Zirconia
☐ e.max (Staining)

METAL PFM

- ☐ Non-precious
☐ Semi-precious
☐ 40% Gold
☐ 75% Gold

FULL CAST

- ☐ Full Cast Non-precious
☐ Full Cast Semi-precious
☐ Full Cast 40% Gold
☐ Full Cast 75% Gold
☐ Post

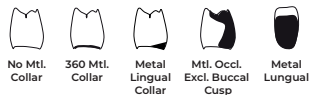
C&B EXTRA

- ☐ Rest Seat
☐ Wing
☐ Fit to Partial
☐ Diagnostic Wax-up
☐ Temporary Crown

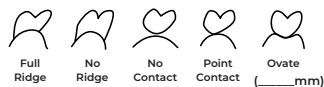
BUCCAL MARGIN

- ☐ Porcelain Margin
☐ 360° Porcelain Margin

METAL DESIGN



PONTIC DESIGN



DIE SPACER

- ☐ Double ☐ Triple

OCCUSAL

- ☐ Open ☐ Light ☐ Tight

IF INSUFFICIENT ROOM

- ☐ Adjust opposing/ Abutment
☐ Reduction Coping
☐ Metal Occlusal/ Lingual

CONTACT

- ☐ Light
☐ Broad ☐ Medium
☐ Point ☐ Heavy

IMPLANTS

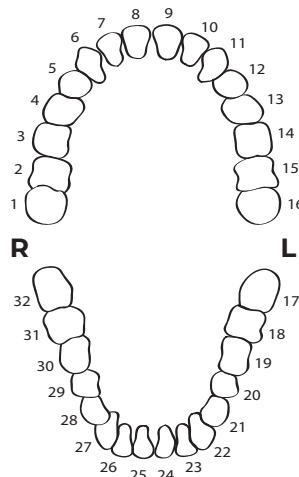
- ☐ Cement Type ☐ Screw Type (UCLA)
☐ Crown w/ access hole (Lab Cement Y / N)

Size: _____ Manufacturer: _____

We manufacture Implant abutment in house. Extra charge will be added if you prefer brand name Implant abutments and parts.

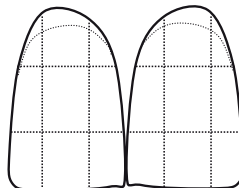
☐ REDO ☐ REPAIR

RX SPECIFIC INSTRUCTION



Shade: _____

Stump Shade: _____



STAINING

- ☐ Light
☐ Medium
☐ Heavy
☐ None

TISSUE SHADE

- ☐ Pink
☐ Light Pink
☐ Ethnic

REQUIRED INFORMATION

FOR LAB USE ONLY

Doctor Name _____

Practice Name _____

Patient Name _____

Date of Birth _____ ☐ Male ☐ Female

Prep Date: _____

Appointment: Date ____ / ____ / ____ Time ____ AM ____ PM

Due Date: 10th day (Working day, Mon-Fri)

Dentist Signature _____ (Required)

Dentist License No. _____ (Required)

Request Supplies ☐ RX Forms ☐ FedEx Labels ☐ ACC Poly Bag

REMOVABLE

Please select all items below (1 ~ 3 * Required)

1.* **APPLIANCE** ☐ Full Denture ☐ Partial ☐ Unilateral ☐ Combo
☐ Flipper (1-2 Teeth, No Metal, No Clasp) ☐ Stay Plate

2.* **BASE** ☐ Premium (Lucitone 199) ☐ Standard (Acrylic) ☐ Valplast

3.* **STAGE** ☐ Frame Try-in ☐ Complete (One Stage)
☐ Try-in w/ Teeth ☐ Finish

4. **FRAMEWORK** ☐ Cobalt Chrome ☐ Vitallium 2000 ☐ Mesh

5. IMMEDIATES

- ☐ Extract All
☐ Extract Tooth # _____

REPAIR

- ☐ Rebase ☐ Reline
☐ Add Tooth

6. REMOVABLE EXTRAS

- ☐ Base Plate & Bite Rim
☐ Bite Rim with Metal Frame
☐ Custom Tray
☐ Clasp
(Cast | Wire | Valplast)

NIGHT GUARDS

- ☐ Hard
☐ Soft
☐ Hard/Soft

SPORTS GUARD

- ☐ Pro-Form Sports Guard

☐ **ADD NAME:** _____

FOR LAB USE ONLY

FOR LAB USE ONLY							RECEIVE DATE
Impression / Bite Registration	/	Crown / Bridge	/	Upper / Lower Model	/	Denture	
Master / Opposing Model	/	Abutment / Implant Parts	/	Bite Rim / Wax Try-in	/	Articulator	
Solid / Study Model	/	Gum Tissue		Metal Frame / Clasp	/	Picture / USB	

MM DENTAL LABORATORIES, INC. CONCEPTS TERMS & WARRANTY*

By signing or sending this Rx slip (or a substitute therefore) to MM Dental Laboratories, Inc. (MM Dental), I agree to abide by all terms and policies listed below.

TURNAROUND TIMES (Days Inlab)^o

Crowns & Bridges/Removables 7-10 days inlab
Implants[^] 10 days inlab

[^] Additional time may be required to order parts.

* Weekends & holidays excluded. Working times are not guaranteed.

PICK-UP - Call the Courier

Southern California - All Counties Courier / ACC
San Diego / area call by 12:00pm or All other area call by 2:00pm

Northern California - FedEx
Need 2 to 4 hour advance for same day pick up from the arrangement.

TERMS

All statements must be paid in full by the 22nd of the month in which the statement is prepared. Any amounts not paid by the last business day of such month will incur a 2% finance charge per month, and the account will be automatically placed on C.O.D. terms. All cases will be billed in stages and will be paid in full according to stage. All cases and items sent remain the property of MM Dental, until client's account is paid in full. All disputes shall be governed in all respects by California law and client agrees to submit to the exclusive jurisdiction of, and venue in the County of Los Angeles, State of California in any dispute, with the prevailing party to recover attorney's fees, court costs and other expenses, including actual expert witness fees, if any, in addition to any other relief to which prevailing party may be entitled. In the event invoice have be sent to third party collections, client will be responsible for all collection costs / fees.

※By signing or sending this Rx form (or a substitute there fore) to MM Dental Labs, I agree to abide by all terms and policies listed below.

REMAKE & WARRANTY POLICY*

The cost for fabricating custom made dental appliances cannot be refunded. A credit may be issued by MM Dental directly to a customer's account when cases do not meet MM Dental's exceptional standards for quality, function and aesthetics.

*For eligible remakes within 30 days but without the original case, MM Dental shall remake these cases at 100% of the retail price of the restoration at the time the request is made. If the original model and dental restoration are returned within 60 days from the original invoice date, MM Dental will issue a 100% credit to the customer's account. Any credit balance on a MM Dental account must be used for lab services within 60 days from the date of issue or it expires.

WARRANTY OF WORK*

MM Dental guarantees its work for one year against defects in materials and craftsmanship.

› Acrylic Temporary › Stayplate › Complete or Partial Denture (see below) › Metal Crown › Veneer › Premium Denture (see below)

*For any type of complete or partial denture (including immediate and premium dentures), no remake nor warranty applies unless case was fabricated together with a wax try-in.

WARRANTY COVERAGE EXCLUDES*

1. Incidental or consequential damages; including inconvenience, lost wages, chairtime, or pain and suffering.
2. Repairs resulting from accident, neglect, abuse, failure of supportive tooth or tissue structures, improper adjustments or dental hygiene.
3. MM Dental is not liable for any fitted prosthetic over 5 units or any removable prosthetic that has not been appropriately fitted prior to process.
4. Repairs, relines, temporaries, implants, immediate dentures or partials, and appliances partially or completely fabricated by another lab other than MM Dental.

Warranty begins on 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 MM Dental.

* All warranty terms and conditions are subject to change without notice.

* All prices are subject to change without notice and are quoted as complete (one stage) or one unit. Some products are subject to additional fees, e.g., C & B and removable extras, attachments and additional implant parts, multiple stages, and metal surcharges.

Discount terms are subject to change without notice.

All discounts will be applied to promoted product and current pricing.

Please Note: A case requiring a call from the scheduling department or technician for case questions regarding incomplete information provided, may cause delays to the fabrication process.

DELIVERIES (Monday - Friday)

All cases are delivered via express courier the next business day .

Additional time may apply to outlying areas. (Excludes Alaska, Hawaii and International)
ACC / by 12:00pm or 1:00pm FedEx / by 3:30pm or 4:30pm

* We are not responsible for lost cases caused by courier companies.

* Additional time and fees may apply to outlying areas.

REMAKE POLICY*

All remakes will be at no charge if received within 30 days of the invoice date **except** under the following circumstances:

1. MM Dental inquired about the die, margin or impression. However, the customer approved and requested completion of the case.
2. MM Dental requested a try-in, but the customer declined & asked for a completed case.
3. The teeth are re-prepared.
4. There is a shade change different from the original request.
5. The partial denture fits the master cast.

☎ (949)861-3398

✉ info.ca@mm-dental.net

🌐 www.mm-dental.net

MM Dental Laboratories, Inc. / 2151 Michelson Dr., Suite 138, Irvine CA 92612