DENTURES CAST PARTIALS FLEXIBLE Griffin Dental Lab inc. **PARTIALS** info@griffindentallabs.com 10860 Switzer Suite 112 www.griffindentallabs.com Dallas, Texas 75238 [] Lower [] Upper [] Upper [] Lower [] Frame Try-in Only [] Upper [] Lower [] Immediate [] Frame w/ Biteblocks [] One Stage Complete [] Teeth in wax try-in Phone 214-378-7300 State Reg. # 2942 [] Frame w/ Teeth in Wax [] Teeth in wax try-in [] Process & Finish Fax 214-378-7302 Expires 12/31/2020 [] Process & Finish [] Process & Finish [] Premium Teeth Extra [] Premium Teeth Extra [] Premium Teeth Extra DOCTOR MAJOR CONNECTOR ADDRESS **ACRYLIC PARTIALS NIGHTGUARDS** [] Horseshoe [] Lab Select CITY_____ [] Palatal Bar [] Lingual Bar [] Lower [] Upper [] Full Palate [] Upper [] Lower [] Lingual Plate [] Flipper 1-2 Teeth STATE ZIP_____ [] Clear Hard [] Immediate [] Clear Hard w/ Ball Clasp [] One Stage Complete **CLASP DESIGN** PATIENT [] Impak [] Teeth in wax try-in [] Impak NG w/ Hard Occ Surface [] Process and Finish [] LAB Select clasp DATE WANTED ____ [] Athletic Mouthquard [] Premium Teeth Extra [] Akers clasp [] I-Bar clasp * WE OFFER A TOOTH SHADE _____AGE ____ M or F **CLASP OPTIONS** [] T clasp VARIETY OF [] Wrought-wire clasp **IMPLANT CASES *** TISSUE SHADE (PLEASE CHECK) [] Wrought Wire [] Clear flexible clasp PLEASE CALL Dentsply Lucitone Shade Guide [] Ball Clasp [] Other [] L-199 ORIGINAL [] T Clasp [] L-199 MED DARK [] L-199 LIGHT PINK SPECIAL INSTRUCTIONS [] L-199 DARK [] L-199 REDDISH PINK **REMOVABLE EXTRAS BOX MUST BE COMPLETED** TO PROCESS CASE [] Repair [] Biteblocks [] Custom Tray []AED LOWER UPPER [] Hard Reline [] O-Seal Gasket LEFT **RIGHT** [] Surgical Guide [] Soft Reline [] Flexiband [] Name ID [] Rebase **ALL RUSH CASES MUST BE** PRE-APPROVED REQUESTED BY_____ **RIGHT** APPROVED BY _____ **SIGNATURE** LICENSE NO. DATE

GRIFFIN DENTAL LAB, INC. TERMS & POLICIES***

By signing or sending this Rx form (or a substitute thereof), to Griffin Dental Lab, Inc.
I agree to abide by all terms and policies listed below.

TURN AROUND TIMES (Business Days in Lab)

Rush service may be available on certain appliances but must be pre-scheduled and may incur additional charges.

FULL DENTURES Base Plate & Wax Rims Custom Trays Set Teeth in Wax Process & Finish		3 days 3 days 5 days 5 days
CAST CHROME PARTIAL Framework only Framework with Teeth Set Teeth in Wax Process & Finish		10 days 10 days 5 days 5 days
ACRYLIC PARTIALS 1-2 Tooth Acrylic Partia 3 or more Teeth Acrylic 3 or more Teeth One-st	Partial try-in	3 days 5 days 5 days
FLEXIBLE PARTIALS Try-in with Teeth Process & Finish One-Stage Finished		5 days 10 days 10 days
SPLINTS & NIGHTGUAR All Nightguards	DS	10 days
Repairs Relines - hard & soft Rebase	(if available in your area) Before 10 am - Extra fee applies Before 10 am - Extra fee applies Before 10 am - Extra fee applies pairs need to be scheduled and not y delivery	Next day Next day Next day
CROWN & BRIDGE		10 days

Crowns
Diagnostic Wax Up

PLEASE NOTE: Please do not count day of pickup, delivery, or

PLEASE NOTE: Please do not count day of pickup, delivery, or weekend. Times listed are for actual days in lab, to give adequate time for prescribed process. A case requiring a call from a technician, scheduling department, e-mailed photos, or incomplete lab script may cause delays in the fabrication process.

All statements must be paid in full by the 25th 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 GDL, Inc., until client's account is paid in full. A minimum of \$30.00 will be charged for returned checks. All disputes shall be governed in all respects by Texas law and client agrees to submit to the exclusive jurisdiction of, and venue in the County of Dallas, State of Texas 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.

GDL, Inc.'s WARRANTY***

1. GDL, Inc's warranty covers the repair or replacement of a fixed or removable prosthesis.

WARRANTY CONDITIONS***

- 1. Prosthesis must be inserted by a licensed practicing dentist.
- 2. Patient must adhere to semi-annual dental maintenance (cleaning and exam) in the office of a licensed practicing dentist.
- 3. The maintenance schedule on this certificate must be documented by the attending dentist each visit to validate this warranty.
- 4. Dental prosthetic must be returned with model work in order for the credit to be issued

WARRANTY COVERAGE EXCLUDES***

- 1. Refund for prosthesis; credit only.
- 2. Cost incurred for removal or insertion.
- 3. Incidental or consequential damages; including inconvenience, lost wages, chair time, or pain and suffering.
- 4. Repairs resulting from accident, neglect, abuse, failure of supportive tooth or tissue structures, improper adjustments or dental hygiene.
- 5. GDL, Inc. is not liable for any fixed prosthetic over 5 (five) units or any removable prosthetic that has not been appropriately fitted prior to process.
- 6. Repairs, relines, temporaries, implants, immediate dentures or partials, and appliances partially or completely fabricated by another lab other than GDL, Inc.
- ***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 GDL, Inc.
 ***All warranty terms and conditions are subject to change without notice.

Please visit www.griffindentallabs.com to receive a complete list of warranty terms and conditions.

- ***All prices are subject to change without notice and are quoted as one stage. Some products are subject to additional fees, e.g., bridge connectors, additional implant parts, multiple stages, and metal surcharges.
- ***All discounts will be applied to promoted product and current pricing.

Discount terms are subject to change without notice.

Date	Type of Exam	Dr. Initials
		7 - 6-1