

# REMOVABLE Rx PLUS^

Dr: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Account #: \_\_\_\_\_  
 Due Date (By 5 pm): \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_  
 M  F



12000 Aviation Boulevard, Hawthorne, CA 90250  
 Direct (310) 915-9121 • Fax (310) 915-7171

DOCTOR'S SIGNATURE REQUIRED\*\*\* Lic. # \_\_\_\_\_  
 \_\_\_\_\_

Call Today for a Case Pick-up! **(800) 221-4831**

## PRODUCT SELECTION

### METAL FREE PARTIALS

- Tri-Flex  Valplast

### ACRYLIC PARTIALS

- Flipper (1 Tooth)  
 Stayplate\* (2-5 Teeth)  
 Acrylic Partial\* (6 Teeth or more)  
 \*Includes wire clasps

### CAST METAL PARTIALS

- Lasernet RPD  
 Vitallium 2000  
 Vitallium 2000 +  
 Premium Cast Partial  
 Valplast w/ Vitallium Subframe

### CLASP DESIGN

- Lab Select  RPI  
 Roach  Akers

### MAJOR CONNECTOR

- Lab Select  Full Palate  
 Horseshoe  Lingual Bar  
 Palatal Strap  Lingual Plate  
 A-P Bar

Rev. 9/29/2011

### DENTURES

- High Impact Denture  
 Premium Denture

### IMMEDIATES

- Extract All  
 Extract tooth # \_\_\_\_\_

### SPLINT THERAPY (Upper Arch only)

- BiteSoft Anterior Splint  
 BiteSoft Full Arch  
 Select:  
 Dual Laminate  
 Thermo-lined

### NIGHT GUARDS

- Hard  Soft  
 Brux+ (Soft/Hard Combo)  
 Pro-Form Sports Guard

### REMOVABLE EXTRAS

- Wax Bite Block  Repair  
 Wax Bite Rim  Rebase  
 Custom Tray  Reline Hard  
 Bleach Tray  Reline Soft  
 Cusil # \_\_\_\_\_

## CASE SPECIFICATIONS

Please check appropriate boxes

- Full Denture  Partial  Unilateral

TOOTH SHADE: \_\_\_\_\_

Select Stages:

- Complete  Wax Try-in w/Teeth  
 Frame Try-in  Final Process

TISSUE SHADE:

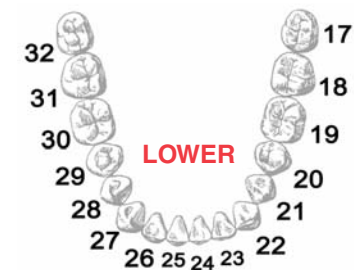
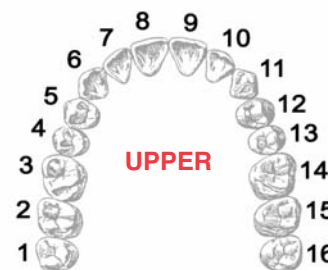
- LIGHT PINK  PINK  ETHNIC  Upgrade to Premium Teeth

^See Reverse

## SPECIAL INSTRUCTIONS

**IMPORTANT: Please note there will be a modest price increase in January 2012. TRICONia and e.max CAD prices will remain the same.**

For Lab Use Only



REDO CASE

**TRIDENT LABORATORY WORKING TIMES**

**REMOVABLE RESTORATIVES  
7-10 Business Days**

**Please Note:** A case requiring a call from a technician or scheduling department may cause delays to the fabrication process.

**REMOVABLE RUSH SERVICES\***

**“RUSH 25” - 4 Business Days InLab  
Add \$25.00 per unit**

**“RUSH 55” - 3 Business Days InLab  
Add \$55.00 per unit**

\* Not available for all products. Call to schedule in advance.  
Rush fees not subject to credit.

**SHIPPING\*\***

**US MAIL:** 3-4 business days  
Return: 1 day

**OVERNIGHT CARRIER:** 1 business day  
Return: 1 day

\*\* Some locations may vary; therefore, please allow for travel time.

**Pick-up charges are \$6.50 per box. You can ship as many cases as you wish in one box. All cases are delivered next day air (afternoon delivery) to your office at \$6.50 per invoice.**

**CUSTOMER SERVICE:  
(800) 221-4831**

**TRIDENT LABS, INC. TERMS & POLICIES\*\*\***

**By signing or sending this Rx form (or a substitute thereof), to Trident Labs, Inc. (d.b.a., Trident Dental Laboratories), I agree to abide by all terms and policies listed below.**

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 Trident Labs, Inc., until client's account is paid in full. A minimum of \$50.00 will be charged for returned checks. 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 courts 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.

**TRIDENT'S WARRANTY\*\*\***

- 1. Trident's warranty covers the repair or replacement of a fixed or removable prosthetic.

**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.

Date	Type of Exam	Dr. Initials

**WARRANTY COVERAGE EXCLUDES\*\*\***

- 1. Cash refund for prosthesis.
- 2. Cost incurred for removal or insertion.
- 3. Incidental or consequential damages; including inconvenience, lost wages, chairtime, or pain and suffering.
- 4. Repairs resulting from accident, neglect, abuse, failure of supportive tooth or tissue structures, improper adjustments or dental hygiene.
- 5. Trident Labs, 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 Trident Labs, 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 Trident Labs, Inc.**

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

Please visit [www.TridentLab.com/policies](http://www.TridentLab.com/policies) 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.