



(800) 221-4831 (310) 915-9121
 12000 Aviation Boulevard

Doctor Address (Please complete if Different from Reverse Side)




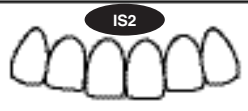

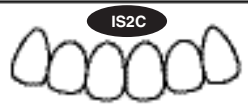
Patient _____
 Please print (Last, First)
 Deliver by 5:00 pm on: _____
 INSTYLE SMILE WORKING TIME - 7 BUSINESS DAYS
 Please Call: Technical Scheduling






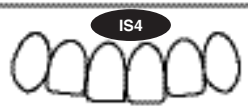
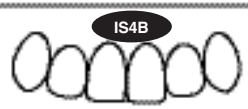
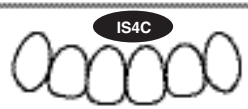
"The Temporary Solution to a Perfect Smile"

CIRCLE THE REQUESTED INSTYLE SMILE SHAPE BELOW




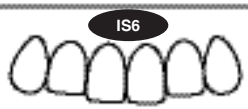
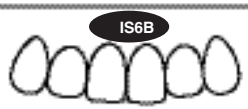
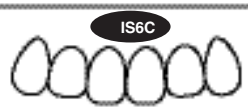
FLAT CUSPID CATEGORY

 CENTRALS Square-Square LATERALS Square-Square	 CENTRALS Square-Square LATERALS Square-Round	 CENTRALS Square-Square LATERALS Round-Round
 CENTRALS Square-Round LATERALS Square-Round	 CENTRALS Square-Round LATERALS Round-Round	 CENTRALS Round-Round LATERALS Round-Round

POINTED CUSPID CATEGORY

 CENTRALS Square-Square LATERALS Square-Square	 CENTRALS Square-Square LATERALS Square-Round	 CENTRALS Square-Square LATERALS Round-Round
 CENTRALS Square-Round LATERALS Square-Round	 CENTRALS Square-Round LATERALS Round-Round	 CENTRALS Round-Round LATERALS Round-Round

ROUND CUSPID CATEGORY

 CENTRALS Square-Square LATERALS Square-Square	 CENTRALS Square-Square LATERALS Square-Round	 CENTRALS Square-Square LATERALS Round-Round
 CENTRALS Square-Round LATERALS Square-Round	 CENTRALS Square-Round LATERALS Round-Round	 CENTRALS Round-Round LATERALS Round-Round

*****IMPORTANT INSTRUCTIONS*****

1. Print legibly in all areas of this form.
2. Indicate the Smile Style Shape
3. Indicate the Shade.
4. Include any Special Instructions.

PLACE THIS RX FORM WITH IMPRESSIONS, BITE AND PHOTOS, THEN CALL **TRIDENT** FOR YOUR CASE PICK-UP.
(800) 221-4831

TOOTH SHAPE

Shape # _____

TOOTH SHADE

Shade Guide Name _____

Shade # _____

(Circle tooth shade #)

Vita Classic Shades

B1	B2	B3	B4	A1
A2	A3	A3.5	A4	C1

SPECIAL INSTRUCTIONS

SPECIFY FABRICATION: UPPER ARCH LOWER ARCH BOTH ARCHES

CUSTOM SMILE SHAPE

Please draw & specify in box provided:

Please send:

All supplies Rx (fixed) Rx (removable) Rx (InStyle Smile) Boxes Mailing Labels Airbills
TRI-VINYL (\$38.00-4 cart.) QTY: ___ Light ___ Heavy ___ Bite **Originate Imp. Trays** (\$15-Ast pk) QTY: ___
TRI-CLEAN (\$9.95-1 Btl.) QTY: ___ (\$10.95-1 Box/Tablets) QTY: ___

Dr's Signature _____ DDS License # _____

Client agrees to all terms and conditions as specified on reverse of form.

Sup # IS-RXForm (Rev. 06/08)

TRIDENT'S LABORATORY WORKING TIMES

InStyle Smile

10 business days

TRIDENT LABS, INC. TERMS & POLICIES

By signing or sending this Rx slip (or a substitute therefor) to Trident Labs, Inc. (d.b.a., Trident Dental Laboratories), I agree to abide by all terms and policies listed below. Trident Labs, Inc., is not liable for incidental or consequential damages, including inconvenience, lost wages, chairtime, and pain or suffering.

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 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.

InStyle Smile WARRANTY / EXCHANGE*

Trident will adjust or remake an InStyle Smile appliance if returned within 60 days of the invoice date at no additional charge. Any lost or stolen appliance is not eligible to be adjusted or remade. All requests to remake a lost or stolen appliance will be charged the full invoiced amount.

It is recommended that patients be made aware of the non-return policy of this InStyle Smile custom appliance verbally; as well as in writing.

WHAT IS NOT COVERED*

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

*All warranty terms and conditions are subject to change without notice. Please visit www.tridentlab.com to receive the latest applicable terms and conditions for warranty and redo issues.

CUSTOMER SERVICE ASSISTANCE Call Toll-Free (800) 221-4831

SHIPPING

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

Pickup charges are \$6.50 per box. Put as many cases as you wish into the box. All cases are sent next-business-day-air to your office (afternoon delivery) at \$6.50 per invoice.

**Some locations may vary.



*"The Temporary Solution to
a Perfect Smile"*