

REMOVABLE Rx PLUS^

Dr: _____
 Address: _____
 City: _____
 Phone: _____

DOCTOR'S SIGNATURE REQUIRED*** Lic. # _____

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

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

- Lasermet 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

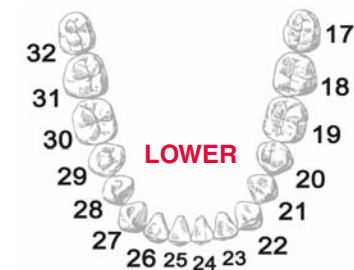
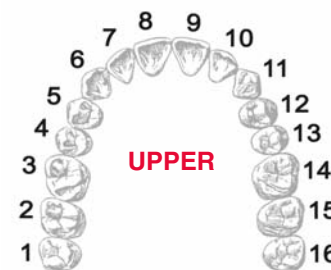
TISSUE SHADE:

- LIGHT PINK PINK ETHNIC Upgrade to Premium Teeth

^See Reverse

SPECIAL INSTRUCTIONS

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**

* Rush services/fees are not available for all products and subject to change during holidays. Rush cases must be pre-approved. To arrange rush service for your case, contact Trident's Scheduling Dept. 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 \$7.00 per case. All cases are delivered next day air (afternoon delivery) to your office at \$7.00 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 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.

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 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.