



5413 WALNUT AVE. #2A
 DOWNERS GROVE, IL 60515
 PHONE: 630-541-7666 | FAX: 630-541-7688
 INFO@FIRSTCHOICELAB.COM | FIRSTCHOICELAB.COM

PLEASE RETURN BY 5 P.M. ON _____

PLEASE ALLOW TWO (2) CALENDAR WEEKS DOES NOT INCLUDE PICK-UP DAYS, DELIVERY DAYS, OR HOLIDAYS. FOR RUSH CASES, YOU MUST CALL AHEAD TO PRESCHEDULE

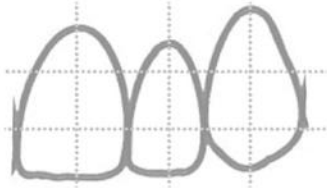
DOCTOR NAME _____
 STREET ADDRESS _____
 CITY, STATE, ZIP _____
 PHONE _____

SUPPLIES NEEDED

- BOXES BIOBAGS SHIPPING LABELS
 LAB SLIPS

PATIENT NAME _____

CASE INFORMATION



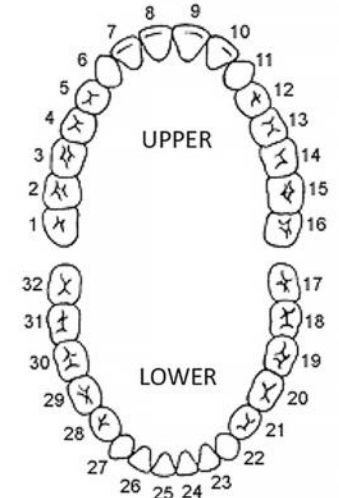
SHADE _____

STUMP SHADE _____

DOCTOR SIGNATURE _____

LICENSE NUMBER _____

DATE _____



CROWN AND BRIDGE



ALL CERAMIC

- Zirconia**
 FULL STRENGTH ZIRCONIA
 ESTHETIC ZIRCONIA
 PORCELAIN TO ZIRCONIA

e.max

- CROWN
 BRIDGE (3 UNIT MAX)
 VENEER
 ONLAY/INLAY

Other

- PMMA TEMPORARY CROWN
 DIAGNOSTIC WAX-UP

PFM

- NON-PRECIOUS
 SEMI-PRECIOUS
 WHITE HIGH NOBLE
 YELLOW HIGH NOBLE

ALL METAL

- NON-PRECIOUS
 SEMI-PRECIOUS (YELLOW)
 SEMI-PRECIOUS (WHITE)
 WHITE HIGH NOBLE
 YELLOW HIGH NOBLE

IF INSUFFICIENT OCCLUSAL CLEARANCE:

- REDUCE OPPOSING METAL OCCLUSAL/LINGUAL
 METAL ISLANDS ADJUST PREP/REDUCTION COPING

OCCLUSAL STAIN

- NONE LIGHT HEAVY

MARGINAL/OCCLUSAL DESIGN

- LINGUAL COLLAR NO COLLAR FULL METAL BAND
 METAL OCCLUSAL METAL LINGUAL PORCELAIN BUTT MARGIN

PONTIC DESIGN



IMPLANT CROWNS & ABUTMENTS

- AUTHENTIC MANUFACTURER PARTS ONLY
 LAB RECOMMENDATION

Screw-Retained Implant Crowns

- FULL ZIRCONIA EMAX
 ESTHETIC ZIRCONIA PFZ PFM

Cement-Retained Crowns

- FULL STRENGTH ZIRCONIA EMAX
 ESTHETIC ZIRCONIA PFM SEMI PRECIOUS
 PORCELAIN TO ZIRCONIA

Custom Abutments

- ATLANTIS TITANIUM
 ATLANTIS ZIRCONIA
 ARGENT TITANIUM
 ARGENT ZIRCONIA
 CUSTOM AUTHENTIC TITANIUM
 CUSTOM AUTHENTIC ZIRCONIA
 GOLD HUE

Stock Abutments

- STOCK TITANIUM
 STOCK HYBRID ZIRCONIA

REMOVABLES



PARTIALS

- METAL FRAMEWORK METAL FRAMEWORK WITH BITE RIM METAL FRAMEWORK SETUP
 RESIN FRAMEWORK RESIN FRAMEWORK WITH BITE RIM RESIN FRAMEWORK SETUP
 ACRYLIC PARTIAL SETUP INTERIM TREATMENT PARTIAL/FLIPPER
 FLEXIBLE PARTIAL SETUP RESET FINISH

DENTURES

- FULL DENTURE SETUP RESET FINISH
Options
 CUSTOM TRAY BASEPLATE WITH BITE RIM IMMEDIATE
 PREMIUM TEETH STANDARD TEETH ECONOMY TEETH
 PATIENT ID

OTHER

- ASTRON CLEARSPRINT NIGHT GUARD
 HARD ACRYLIC NIGHT GUARD
 HARD/SOFT NIGHT GUARD
 SOFT NIGHT GUARD
 SPORTS MOUTHGUARD
 ESSIX STYLE RETAINERS

ORTHO

- HAWLEY RETAINER HAWLEY WRAPAROUND RETAINER LINGUAL ARCH BAND AND LOOP SPACE MAINTAINER NANCE BUTTON

AGREEMENT

These Terms and Conditions are made effective by the customer set forth on the reverse hereof submitting this form to First Choice Dental, LLC (First Choice Dental Lab).

- 1. Guarantee. We guarantee your satisfaction with the workmanship and materials of our products for a period of two (2) years from the date we receive your order. We will refund, replace or repair any defective restorations, subject to these terms and conditions. We will not: (1) give a cash refund for work completed, (2) pay the cost for removal or reinsertion, or (3) pay any incidental or consequential damages (including, but not limited to, inconvenience, lost chair time, lost wages, transportation, lost profits, or pain and suffering). Any refund or damages shall be limited to the amount of the invoice for the subject restoration, without exception. You agree to indemnify and hold First Choice Dental Lab harmless from and against any claim or demand, including attorney's fees, made by any third party due to or arising out of your use of our product. This guarantee does not cover failure of the supportive tooth or tissue, de-bonding, changes in tissue or bone structure, improper dental hygiene, abuse or accidents. Restoration must be inserted by a licensed practicing dentist or prosthodontist within 30 days of receipt of finished case. Patient must adhere to semi-annual cleanings and exams. First Choice Dental Lab reserves the exclusive right to determine if this guarantee is applicable.
2. Dentist must completely clean all blood and saliva from all materials used in the mouth, and must disinfect all these items before sending them to First Choice Dental Lab.
3. Payment. All accounts are due and payable within thirty (30) days. If your account is not paid within thirty (30) days, your balance shall accrue interest at a rate of 1.5% per month, and your account shall be placed on COD status. In addition, you agree to pay all costs of collection incurred by First Choice Dental Lab, including attorneys' fees, if your account balance is not paid pursuant to these terms and conditions.
4. Remake policy. If for any reason a case needs to be remade, the old restoration, including models must be returned to our lab with the new impression. Not returning the case will result in a new restoration being made at full price. Full credit will not be given in instances where a doctor adjusts the preparation, changes the restoration design, or changes the type of restoration.
5. The parties to this Agreement shall be governed by the laws of the State of Illinois, including the Illinois Dental Practice Act. Any and all actions that arise under this agreement shall lie exclusively in the Courts in the State of Illinois located in the County of DuPage, State of Illinois.

We honor VISA, MASTERCARD, DISCOVER CARD, and AMERICAN EXPRESS

CALL RECORD

Horizontal lines for call record entry.

RECEIVED WITH CASE

- IMPRESSSION -TRIPLE TRAY
IMPRESSSION -SINGLE ARCH
OPPOSING MODEL
OPPOSING IMPRESSION
BITE
CROWN
OLD MODEL
CROWN IN IMPRESSION
PARTIAL IN IMPRESSION
OTHER
IMPLANT IMPRESSION POST
IMPLANT ANALOG
IMPLANT ABUTMENT
SHADE TAB
BASE PLATE & BITE RIM
PARTIAL FRAMEWORK
WAX SET UP

RUSH CASES MUST BE PRESCHEDULED
TO PRESCHEDULE RUSH CASES, PLEASE CALL
630-541-7666