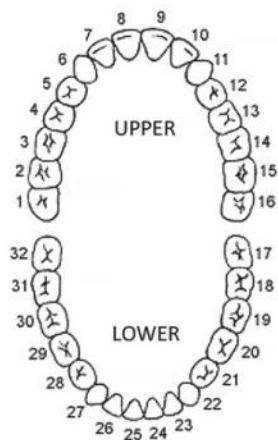




5413 WALNUT AVE. #2A
DOWNERS GROVE, IL 60515
PHONE: 630-541-7666 | FAX: 630-541-7688
INFO@FIRSTCHOICELAB.COM
FIRSTCHOICELAB.COM

DOCTOR: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____
PATIENT: _____
DATE: _____
DATE DUE: _____



APPLIANCES/OPTIONS

- HAWLEY RETAINER
- HAWLEY WRAPAROUND RETAINER
- LINGUAL ARCH
- TRANSPALATAL ARCH (FIXED)
- RAPID PALATAL EXPANDER - 4 ARM SCREW
- RAPID PALATAL EXPANDER - 2 ARM SCREW
- BANDED RAPID PALATAL EXPANDER
- MODIFIED SPRING RETAINER
- QUAD HELIX (FIXED)
- BI HELIX (FIXED)
- BAND AND LOOP SPACE MAINTAINER
- NANCE BUTTON
- STUDY MODELS - TYPE A
- SOAPED, NEATLY SCULPTED (SET)
- STUDY MODELS - TYPE B
- ROUGH TRIMMED (SET)

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

RECEIVED WITH CASE

- | | |
|--------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> IMPRESSION -TRIPLE TRAY | <input type="checkbox"/> IMPLANT IMPRESSION POST |
| <input type="checkbox"/> IMPRESSION -SINGLE ARCH | <input type="checkbox"/> IMPLANT ANALOG |
| <input type="checkbox"/> OPPOSING MODEL | _____ |
| <input type="checkbox"/> OPPOSING IMPRESSION | <input type="checkbox"/> IMPLANT ABUTMENT |
| <input type="checkbox"/> BITE | _____ |
| <input type="checkbox"/> CROWN | <input type="checkbox"/> SHADE TAB |
| <input type="checkbox"/> OLD MODEL | <input type="checkbox"/> BASE PLATE & BITE RIM |
| <input type="checkbox"/> CROWN IN IMPRESSION | <input type="checkbox"/> PARTIAL FRAMEWORK |
| <input type="checkbox"/> PARTIAL IN IMPRESSION | <input type="checkbox"/> WAX SET UP |
| <input type="checkbox"/> OTHER | _____ |

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