



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

CHICAGO
 30 N. MICHIGAN AVE., #1617
 CHICAGO, IL 60602
 PHONE: 312-782-1161
 FAX: 630-541-7688
 INFO@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 _____

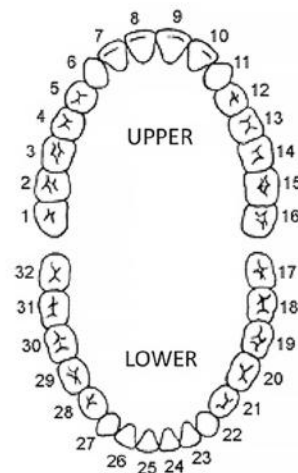
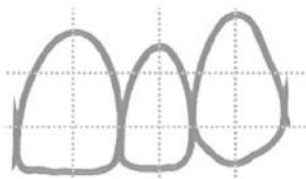
PHONE _____

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

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 * (DEFAULT)

Screw-Retained Implant Crowns

- FULL ZIRCONIA
- ESTHETIC ZIRCONIA PFZ PFM

Cement-Retained Crowns

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

Custom Abutments

- ATLANTIS ZIRCONIA
- ATLANTIS TITANIUM
- ARGEN TITANIUM
- ARGEN 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
- VISICLEAR CAD SETUP VISICLEAR CAD SETUP & FINISH
- DURAFLEX CAD SETUP DURAFLEX CAD SETUP & FINISH
- ACRYLIC PARTIAL SETUP ACRYLIC PARTIAL SETUP & FINISH
- VALPLAST PARTIAL SETUP VALPLAST PARTIAL FINISH RESET
- FRS FLEXIBLE PARTIAL SETUP FRS FLEXIBLE SETUP & FINISH FINISH
- INTERIM TREATMENT PARTIAL/FLIPPER

DENTURES

- FULL DENTURE SETUP RESET FINISH

Options

- CUSTOM TRAY BASEPLATE WITH BITE RIM IMMEDIATE
- PREMIUM TEETH ECONOMY TEETH
- CLEAR CLASP WIRE CLASP
- 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 Lab Group, Inc. (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

Three horizontal lines for call record entry.

RECEIVED WITH CASE

- ACRYLIC FLIPPER UPPER OR LOWER
ARTICULATOR MOUNTING PLATE
ARTICULATOR METAL
ARTICULATOR PLASTIC
ATTACHMENT PART(S)
BITE
BLEACHING TRAY
BRIDGE - FOR MATCHING
BRIDGE - OLD
CLASP INDEX
COPINGS
CROWN - FOR MATCHING
CROWN - OLD
CROWN BOX
CROWN IN IMPRESSION
DENTURE LOWER
DENTURE UPPER
DIAGNOSTIC WAX-UP
DOCTOR'S ARTICULATOR
DURALAY POST
IMPLANT ABUTMENT
IMPLANT ANALOG
IMPLANT IMPRESSION POST
IMPLANT SCREW
IMPRESSION - FULL ARCH
IMPRESSION - QUADRANT
IMPRESSION - TRIPLE TRAY
METAL TRY-IN
MODEL LOWER
MODEL UPPER
NIGHTGUARD
OLD MODEL
PARTIAL
PARTIAL IN IMPRESSION
PHOTOS ENCLOSED
SHADE GUIDE
VENEERS
WAX RIM
NO CROWN SENT
NO OPPOSING SENT
OTHER

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