






FIXED RESTORATION:		TEETH:
<input type="checkbox"/> Layered Veneers	<input type="checkbox"/> Feldspathic	<input type="checkbox"/> IPS e.max Pressed
<input type="checkbox"/> ZIRMAX ME® Translucent Monolithic Zirconia		
<input type="checkbox"/> ZIRMAX M® Monolithic Zirconia		
<input type="checkbox"/> ZIRMAX® Layered Zirconia		
<input type="checkbox"/> IPS e.max	Step1: <input type="checkbox"/> CAD/CAM <input type="checkbox"/> Pressed	Step2: <input type="checkbox"/> Monolithic <input type="checkbox"/> Layered
<input type="checkbox"/> Composites	<input type="checkbox"/> Smart Composite <input type="checkbox"/> Lava Ultimate	<input type="checkbox"/> Ceramarge
<input type="checkbox"/> Porcelain Fused to Metal	<input type="checkbox"/> Noble Semi-White <input type="checkbox"/> High Noble-White	<input type="checkbox"/> Non-Precious <input type="checkbox"/> High Noble-Yellow
<input type="checkbox"/> Full Cast Crowns	<input type="checkbox"/> Non-Precious <input type="checkbox"/> Noble Semi-White	<input type="checkbox"/> Noble Semi-Yellow <input type="checkbox"/> High Noble-Yellow
<input type="checkbox"/> DuraTemps	<input type="checkbox"/> Wire Reinforced	<input type="checkbox"/> Fiber Reinforced
<input type="checkbox"/> PMMA	<input type="checkbox"/> Metal Reinforced	

REMOVABLE RESTORATION: DENTURES	
<input type="checkbox"/> Smiles By Design® Elite Denture	<input type="checkbox"/> Mandibular <input type="checkbox"/> Maxillary
<input type="checkbox"/> Lucitone 199 Denture	<input type="checkbox"/> Mandibular <input type="checkbox"/> Maxillary
<input type="checkbox"/> SMART 1® Milled Denture	<input type="checkbox"/> Mandibular <input type="checkbox"/> Maxillary
<input type="checkbox"/> Valplast Partial	<input type="checkbox"/> CR/CO Partial <input type="checkbox"/> Mandibular <input type="checkbox"/> Maxillary
<input type="checkbox"/> CR/CO & Valplast Combination Partial	<input type="checkbox"/> Mand. <input type="checkbox"/> Max.
<input type="checkbox"/> Valplast Clasp	<input type="checkbox"/> FRS Clasp <input type="checkbox"/> Acetal Resin Clasp
<input type="checkbox"/> Bitesoft	<input type="checkbox"/> Hawley Retainer <input type="checkbox"/> Mandibular <input type="checkbox"/> Maxillary
<input type="checkbox"/> Talon Splint	<input type="checkbox"/> Mandibular <input type="checkbox"/> Maxillary
<input type="checkbox"/> Night Guard	<input type="checkbox"/> Mand. <input type="checkbox"/> Max. <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Soft/Hard
<input type="checkbox"/> Surgical Stent	<input type="checkbox"/> Mandibular <input type="checkbox"/> Maxillary
<input type="checkbox"/> Snoring Appliance	<input type="checkbox"/> Mandibular <input type="checkbox"/> Maxillary
<input type="checkbox"/> Custom Tray	
<input type="checkbox"/> Sleep Apnea Appliances <input type="checkbox"/> EMA <input type="checkbox"/> TAP 3	



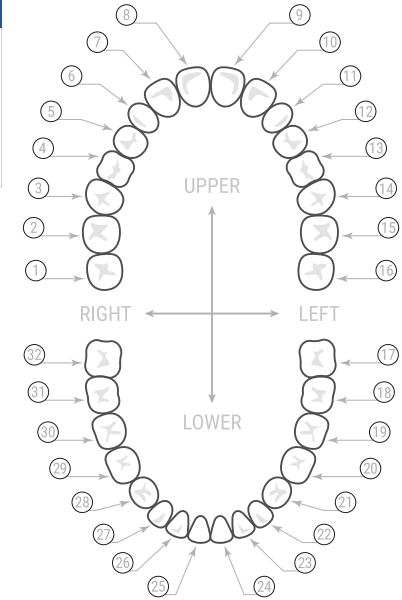
TO UPLOAD YOUR DIGITAL FILES OR PHOTOS, PLEASE ACCESS OUR ONLINE PORTAL AT BURBANKDENTAL.COM

Final Shade <input type="text"/>	Prep Shade <input type="text"/>	Mould Style <input type="text"/>
Surface Anatomy <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy		
Surface Texture <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy		
Occlusal Stain <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy		
<input type="checkbox"/> 180° Porcelain Margins		
<input type="checkbox"/> 360° Porcelain Margins		
<input type="checkbox"/> Metal Margins		
<input type="checkbox"/> Metal Lingual		Pontic Design: _____ mm
<input type="checkbox"/> Zirconia Lingual		
<input type="checkbox"/> Metal Occlusal		
<input type="checkbox"/> Zirconia Occlusal		
If Inadequate Clearance:		
<input type="checkbox"/> Spot Opposing	<input type="checkbox"/> Reduction Coping	<input type="checkbox"/> Call Me

Implant Restorations: Please write detailed description including platform brand and dimensions.

☐ Please use authentic OEM parts at an additional cost

DENTURE TEETH
<input type="checkbox"/> Premium BlueLine teeth
<input type="checkbox"/> Premium IPN teeth
<input type="checkbox"/> Classic teeth



Signature of Dentist: _____ Lic#: _____

Smiles By Design® is required for all anterior units. When Smiles By Design® is used for part of a case the entire case will be billed at the Smiles By Design® fees.

See **Terms & Conditions** on the back of this form.

☐ Dr. to Die Trim

☐ Metal Frame Try-In

☐ Bite Block

☐ Set-Up

☐ Bisbake

☐ Finish

Items Enclosed	Qty	Lab Use
Maxillary Impression		
Mandibular Impression		
Triple Tray		
Bites		
Models		
Crowns / Bridges		

Items Enclosed	Qty	Lab Use
Implant Parts		
Articulator		
Photos / Disk		
Stick Bite / Facebow		
Temp Model		
Wax-up		



Turnaround Schedule

Fixed Restorations

Porcelain Fused to Metal	7 Days
All Ceramic Layered	7 Days
ZIRMAX M®, ZIRMAX ME®, IPS e.max CAD/CAM ...	5 Days
Full Cast Crowns	5 Days
Composites	5 Days
DuraTemps (See fee schedule for charges)	1 to 5 Days
Diagnostic Wax-Ups	5 Days

Removable Restorations

Partial Frames	7 Days
Partial to Completion	10 Days
Bite Blocks	5 Days
Set-Up for Try-In	5 Days
Night Guards	5 Days
Diagnostic Wax-Ups	5 Days

Additional days are required for all cases that include 5 or more units and/or multiple materials.

Please call **800-336-3053** for the number of additional days we will require.

See our Fee Schedule for additional turnaround times.

Terms & Conditions

Payment Terms. Accounts are payable within fifteen (15) days of statement date. The full amount of the lab slip will be billed and is required to be paid to have work continue.

Payment Prior to Delivery and Late Charge. Accounts not paid within the stated terms will not be delivered until the account is current and a late charge of two percent (2%) of the outstanding balance will be added each month to the amount owed. Cost of collection on any amount will be paid by customer.

Change and Notice. All fees and schedules are subject to change without notice.

Limited Warranty. Burbank Dental Lab Inc. (the "Lab") warrants that all dental devices are made according to the provided clinical and manufacturer's specifications. Subject to the return of a device that is placed and then fails due to the defects in materials or workmanship, the Lab will repair or replace the device without charges for the cost of materials and workmanship, upon return and investigation of parts, and at the Lab's discretion as follows;

- 1) Porcelain to metal, IPS e.max monolithic, and all metal final prosthetics, up to 5 years.
- 2) ZIRMAX monolithic zirconia, up to 10 years.
- 3) All Ceramic - IPS e.max and feldspathic veneers, up to one year.
- 4) Dentures, partials, and flexible nylon partials, up to one year.
- 5) Night Guards, up to 6 months.
- 6) Retainers, up to 3 months.
- 7) Immediate appliances do not have a warranty. You agree to pay for all other costs of adjustment, repair, and replacement of devices. The Lab does not warrant that such devices are fit for any particular purpose and, if such a disclaimer is not permitted by law, the duration for any implied warranty is limited to 90 days from the date of delivery.

Duty to Disinfect and Clean. Dentist must thoroughly and carefully clean all blood and saliva from all materials used in the mouth, and must disinfect all of these items before sending them to the Lab and again when returned from the Lab before placement in patient's mouth.

Shipping. Product will be shipped by common carrier, unless the parties agree to other arrangements before the date of shipment. The Lab bears the expense and risk of placing products in the possession of the carrier. Thereafter, dentist bears the expense and risk or transportation of product to the place and destination. The Lab does not guarantee the performance of independent carriers.

Dispute Resolution. Any controversy or claim arising out of or relating to this contract, the breach thereof, or any dispute between the Lab and the dentist shall be resolved through binding arbitration to be held in Burbank, California, in accordance with the American Arbitration Association Commercial Arbitration Rules and decided by a single arbitrator. Judgment upon the award rendered by the arbitrator may be entered in any Court having jurisdiction thereof. The Federal Arbitration Act applies as the Lab is engaged in interstate commerce. Discovery will be conducted in accordance with the California Code of Civil Procedure. Damages recoverable pursuant to the Dispute Resolution are limited to the amount of the invoiced work at issue and no party is entitled to recover special, general, or consequential damages. The prevailing party is entitled to recover reasonable attorneys' fees and costs. If any provision of this agreement is held invalid, unenforceable or void by a court of competent jurisdiction, such circumstances shall not affect the validity or any of the other provisions of the agreement, but this agreement shall be reformed and continued as if such invalid, inoperative or unenforceable provision had never been contained herein and such provision reformed so that it would be valid, operative and enforceable to the maximum extent permitted. Any and all attachments, including but not limited to prescriptions, modifications, diagrams, photographs, models or instructions of any sort, are incorporated into this agreement, unless the Lab objects.

CALL TODAY FOR A PICK-UP
2101 Floyd St., Burbank, CA 91504

BURBANKDENTAL.COM 800-336-3053

Ph. 818-841-2256 Fax. 818-841-8643