

FOR LAB USE ONLY

Pan # _____ Finish _____ Will Ship _____



DENTAL OFFICE : _____

Dr's NAME : _____

PATIENT NAME : _____

Age : _____

Male
 Female

PREP DATE : _____ DUE DATE : _____

Try-In AM
 Finish PM

PT. APPT DATE : _____

TOOTH # _____

SHADE

STAINING

None
 Light
 Medium

Please Email photos to : ultimatestylespic@gmail.com
Stump Shade : ()

PORCELAIN FUSED TO METAL

Yellow High Gold
 White High Gold
 Semi-Precious

METAL DESIGN

VENEER / CROWN / INLAY / ONLAY

Feldspathic
 KATANA Zirconia
 e.max
 HYBRID
 Full Contour Zirconia

PONTIC DESIGN

_____ mm.

METAL CROWN / INLAY / ONLAY

77% Gold
 40% Gold

OPTIONS

Porcelain Margin
 360° Porcelain Margin

OTHER

Diagnostic Wax Up
 Provisional Restoration

IMPLANT

Cement Type
 Screw Type

System Name : ()

Size : ()

Dr. will order all necessary parts
 Lab will order all necessary parts

White and Yellow Copy - Lab / Pink Copy - Dentist

SPECIAL INSTRUCTIONS

Receive Date _____

(For Lab Use Only)

Custom Shade

IF THERE IS NOT ENOUGH CLEARANCE.

Adjust opposing tooth
 Make Metal Occlusal
 Reduction Coping

INTERPROXIMAL CONTACTS

Light
 Medium
 Heavy

OCCLUSAL CONTACT

Out (0.3mm sub)
 Light
 Contact

SIGNATURE OF DENTIST

DENTIST LICENSE #

Person signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees.

CALL ME

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Impressions		Individual Die	
Bite Registrations		Memory Stick / Picture / CD	
Opposing Models		Crowns	
Master Models		Articulators ()	
Study Models		Solid Models	

TERMS AND CONDITIONS

SHIPPING AND DELIVERIES

As a courtesy to all of our clients. Ultimate Styles pays for all shipping costs, and as such providers shipping account information as deemed necessary.

In addition, we also provide a complimentary delivery line during our business hours for prompt service. To have cases picked up at your office, please contact our lab or the delivery line during our business hours for prompt services.

RUSH CASES

We realize that from time to time there will be rush and emergency cases; we request that you contact the lab at your earliest convenience to make arrangements for both scheduling and processing these cases.

SHADE TAKING

Please send shade tab, slides or special comments with your case. When shade taking is necessary, please let us know in advance your patient's appointment. Please contact the lab for shade taking pricing.

RETURN

Cases returned after completion are liable for full lab charges.

INVOICES AND STATEMENTS

Invoices are to be delivered at the time the case is delivered. Monthly statements are issued at the end of each month and mailed to your offices.

OUR GUARANTEE

Ultimate Styles guarantees workmanship on all restorations for 1 year in that the restoration will fit the master die. (provided adequate reduction of the prepared tooth has been accomplished according to the manufacturer's recommendations.) Failure due to debonding, poor occlusion, accident, neglect, abuse, are not considered to be the result of inferior workmanship.

CREDIT POLICY

All accounts are payable within 30 days of the statement date, typically the last business day of the month. Balances not paid within the 30 days period are subject to a 2% finance charge, credit on a monthly basis. Accounts 30 days overdue will receive all orders C.O.D. Should the need for litigation become necessary. The losing party shall pay the attorney fees and court costs of both parties.

** This policy statement is subject to change. Ultimate Styles will notify your offices in writing at the time of such changes. **

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Aesthetic

Implant

PFG		PFG (Cement / Screw)	
Veneer		KATANA (Cement / Screw)	
KATANA Zirconia Crown		Full Zirconia (Cement)	
Full Contour Zirconia		E.max (Cement) (S / L)	
Inlay / Onlay		Hybrid (Cement / Screw)	
Crown (Jacket / Gold)		FGC (Cement / Screw)	
Post (Gold)		Temporary (Cement / Screw)	
Noritake		Custom Abutment	
e.max Staining Technique		Custom Abutment (Zirconia)	
e.max Layered Technique		Custom Abutment (Titanium)	
Hybrid Ceramics		Custom Abutment Temporary	

Metals

Yellow Special	g	Surgical Stent	
A 70+	g	Positioning Jig	
A 52	g	Retainer Soft Type	
A 40	g	Verification Jig	
HP 77	g	Additional Fee (Aesthetic & Implant)	
		Porcelain Margin	
		Diagnostic Wax Up	
		Provisional Restoration	

Remake or Fix

Add. Porcelain (M / O / D)		Soldering (Pre / Post)	
Re Build Up		Study Model	
Stain		Prep Guide (Primary / Alveolar)	
Build Up	QC	Putty / Silicon Index	
		Maryland Bridge	
		Vacuum Formed Tray	
		Pontic	
		Pink Gum Porcelain	
		Cementing Abutment to Crown Procedure Fee	
		Request Tech. (Naoki / Other)	
		Anterior Custom Shade	

To Dr.

Vender.	Item #.
Vender.	Item #.
Vender.	Item #.

Patient's Right Side Patient's Left Side

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17