



REQUIRED INFORMATION

Doctor: _____ Lic. #: _____ Account #: _____
 Address: _____ Due Date (by 5 pm): _____
 City/State/Zip: _____ Turnaround Time: Fixed (10 Days) Removables (10 Days)
 Phone: _____ Rx Date: _____ Patient Next Appt.: _____
 Dr. Signature^: _____ Patient Name: _____ / _____ M F



6363 S. Pecos Road, Suite 109
 Las Vegas, NV 89120
 Fax (866) 963-6886

www.Studio360DentalLab.com
 customerservice@Studio360DentalLab.com

Send Your Cases to Studio 360 Today!
(866) 963-6885

IMPORTANT: Please call ahead to arrange rush cases.

CROWN & BRIDGE

SELECT: CROWN BRIDGE INLAY/ONLAY VENEER

ZIRCONIA
 Full Contour Zirconia (FCZ)
 Zirconia Aesthetic ML
 Zirconia Layered (PFZ)
 BruxZir Solid Zirconia

PORCELAIN TO METAL
 Non-Precious
 Semi-Precious
 White Gold HN
 Yellow Gold HN

FULL CAST
 Non-Precious
 Semi-Precious
 White Gold HN
 Yellow Gold HN

ALL-CERAMIC
 Lithium Disilicate

MARYLAND BRIDGE

COMPOSITE

ACRYLIC TEMPORARY

C & B EXTRAS
 Rest Wing
 Fit to Partial
 Diagnostic Wax-up

IMPLANTS (Servicing All Major Implant Brands)
 FCZ & Titanium Abutment Bundle (Crown, Abutment, Screw, Analog, Tissue Model, Labor)

CUSTOM/SELECT ABUTMENT: Titanium Zirconia
 Stock Abutment Size _____
 Custom Abutment
 Parts Supplied by Doctor Manufacturer _____

FIXED CASE SPECIFICATION

SELECT STAGE: Complete Porcelain Bake Glaze / Polish
 MTI / Coping Bisque Bake Finish

BUCCAL MARGIN
 Porcelain Butt Margin
 360° Porcelain Butt Margin

STAINING
 Light Heavy
 Medium None

METAL DESIGN

No Mtl. Collar 360 Mtl. Collar Metal Lingual Anterior Metal Lingual Collar Mtl. Occl. Excl. Buccal Cusp. Mtl. Occl. Incl. Buccal Cusp.

PONTIC DESIGN

Full Ridge Modified Ridge No Ridge No Contact Point Contact Ovate

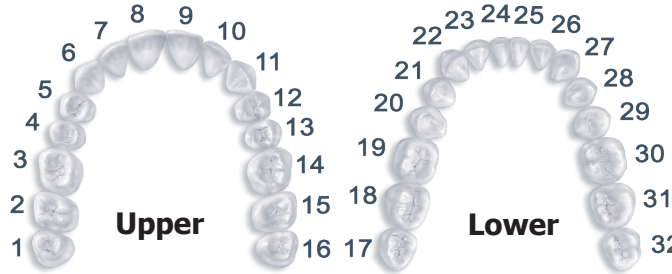
OCCUSAL CLEARANCE
 Light
 Open
 Tight

CONTACT
 Light
 Medium
 Heavy

IF INSUFFICIENT ROOM:
 Adjust Opposing
 Reduction Coping
 Metal Occlusal / Lingual

SPECIAL INSTRUCTIONS

TOOTH #: _____
 SHADE: _____
 STUMP SHADE: _____



REDO CASE

HIGH PRIORITY CASE UPGRADE* (+\$10)

REDO: Yes No

ORIGINAL PRODUCT ENCLOSED: Yes No

REMOVABLE PROSTHETICS

SELECT: FULL DENTURE PARTIAL UNILATERAL

TISSUE SHADE:
 Light Pink
 Pink
 Ethnic

SELECT STAGE:
 Complete (One Stage)
 Set to Enclosed Frame
 Wax Try-in w/Teeth
 Frame Try-in
 Final Process

UPGRADE TO PREMIUM TEETH

NON-METAL PARTIALS
 Flexible Partial

FULL DENTURES
 Standard
 Premium

ACRYLIC PARTIALS
 Flipper (1 Tooth)
 Stayplate* (2-5 Teeth)
 Acrylic Partial* (6+ Teeth)
 *Includes wire clasps

IMMEDIATES
 Extract All
 Extract tooth # _____

CAST METAL PARTIALS
 Cast Metal (Chrome Cobalt)
 Vitallium 2000

BITESOFT SPLINT THERAPY (Upper Arch only)
 Anterior Full Arch
 SELECT: Dual Laminate Thermo-lined

COMBO PARTIALS
 Cast Metal Frame
 w/Flexible Saddles/Clasps

CLASP DESIGN
 Lab Select RPI
 Roach Akers

MAJOR CONNECTOR
 Lab Select Full Palate Lingual Plate
 Horseshoe Lingual Bar A-P Bar
 Palatal Strap

REMOVABLE EXTRAS
 Wax Bite Block Custom Tray Reline Hard
 Wax Bite Rim Bleach Tray Reline Soft
 Cusil # _____ Rebase Repair

CASE MATERIALS ENCLOSED:
 Impressions Bite Registration Models Implant Parts

REQUEST FREE SUPPLIES:
 Rx Forms Case Boxes FedEx Labels

TURNAROUND TIME	Days InLab ¹
Fixed	10
Removable	10
Implants*	10 ⁺

*Additional time maybe required to order parts.
¹Excludes Weekends & Holidays. Working times are not guaranteed.

Please Note: A case requiring a call from a technician or scheduling department may cause delays to the fabrication process.

RUSH SERVICES/FEES [^]	Days InLab
"Rush 25" - \$30 Per Unit/Per Arch	5

[^]Rush services/fees are not available for all products and subject to change during the holiday seasons. To arrange rush service for your case, contact O-TEC Dental Laboratory Scheduling Department. Rush fees not subject to credit.

HIGH PRIORITY CASE UPGRADE

Priority Case Details:

- 1 Less working day in the lab
- Extra QC during production
- Production manager final QC
- Priority case seal and packaging

*IMPORTANT INFORMATION

All prices are subject to change without notice and are quoted as complete (one stage) or one unit. Some products are subject to additional fees, e.g., C & B and removable extras, attachments and additional implant parts, multiple stages, and metal surcharges.

*All cases are delivered next day air by 5 pm to your office. Additional time and fees may apply to outlying areas. Alaska, Hawaii and International excluded.

STUDIO 360 "THE DENTAL LAB" TERMS & POLICIES[^]

By signing or sending this Rx slip (or a substitute therefore) to Studio 360 "The Dental Lab" (d.b.a. Studio 360 Dental Lab), I agree to abide by all terms and policies listed below.

All statements must be paid in full by the 22nd of the month in which the statement is prepared. Any amounts not paid by the last business day of such month will incur a 2% finance charge per month, and the account will be automatically placed on C.O.D. terms. All cases will be billed in stages and will be paid in full according to stage. All cases and items sent remain the property of Studio 360 "The Dental Lab", until client's account is paid in full. A minimum of \$50.00 will be charged for returned checks. All disputes shall be governed in all respects by Nevada law and client agrees to submit to the exclusive jurisdiction of, and venue in, the courts of Nevada in any dispute, with the prevailing party to recover attorney's fees, court costs and other expenses, including actual expert witness fees, if any, in addition to any other relief to which prevailing party may be entitled.

Please visit studio360dentallab.com for complete warranty and remake information.