

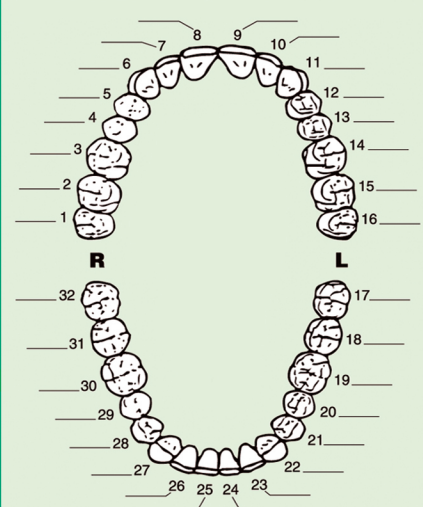
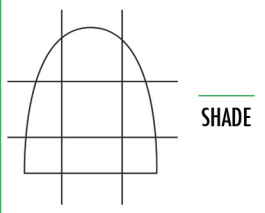
ZIRCONIA OUTSOURCE SERVICE WORK ORDER

DATE SENT: _____ LAB: _____

DATE DUE: _____ ADDRESS: _____

PATIENT/I.D.: _____ CITY: _____

STATE: _____ ZIP: _____ PH: _____

| ZIRCONIA FRAMEWORK | FULL CONTOUR ZIRCONIA | INDICATE TOOTH NUMBER BELOW |
|---|--|---|
| <input type="checkbox"/> Coping <input type="checkbox"/> Bridge <input type="checkbox"/> Veneer | <input type="checkbox"/> Crown <input type="checkbox"/> Bridge <input type="checkbox"/> Inlay/Onlay |  |
| TOOTH SHADE | SPECIAL INSTRUCTIONS | |
|  _____ SHADE | <input type="checkbox"/> Infectious Patient <input type="checkbox"/> Case Is Disinfected <input type="checkbox"/> Call Lab <input type="checkbox"/> Send More Lab Slips | |
| ENCLOSED WITH CASE | | |
| _____ Impression _____ Dies Other _____ | _____ Models _____ Bite | |



SIGNATURE: _____ DATE: _____

I verify that a signed prescription from a licensed dentist is on file for the restoration.

TERMS

Smartdent Milling Center requires an active credit card on file for auto-pay method. On the first day of each month your credit card will be charged for the balance accrued in the previous month. If the credit card on file is declined, you will be contacted by our Accounting Department and asked to be given the option of using another credit card or submitting a payment in full by check on or before the 10th of the current month. By providing a credit card number, the cardholder agrees to be personally liable for the debt incurred at Smartdent Milling Center. Accounts not paid within the stated terms will be subject to a late charge of 2% of unpaid balance. Cost of collection on any account will be paid by the customer. We honor VISA, MASTERCARD & AMEX.

CASE EVALUATION

All cases must undergo evaluation by a master technician at Smartdent Milling Center to determine if the case is qualified for the chosen restoration.

WORKING TIME

Smartdent Milling Center center 2 full working days for all types of copings and 4 working days for FCZ (Full Contour Zirconia). Working times only refelects time for laboratory production and does not include pick-up, delivery, shipping, weekends, or holidays.

SHIPPING & HANDLING

Smartdent Milling Center provides one way free shipping. Please allow 2 working days for shipping. Transit times are not guaranteed and do not include weekends and holidays.

LIMITED WARRANTY/LIMITATION OF LIABILITY

Smart Dent Miling Center ("the lab") provides dental laboratory services ("devices") in the belief that such devices will be useful but WITHOUT ANY WARRANTY - without even the implied warranty of MERCHANTABILITY or FITNESS FOR A PARTICULAR PURPOSE - except that, subject to the return of devices that are placed and then fail, the lab will, in its sole discretion, either repair or replace such devices without charge for the lab's cost of materials and workmanship or refund the original price paid, for a period of ninety (90) days from the date of delivery (hereafter referred to as the lab's "remake warranty"). The remake warranty does not cover breakage resulting from accident or misuse. The lab's remake warranty is the lab's sole obligation and the client's sole remedy: you agree to pay all other costs, such as but not limited to the cost of preparation or veneering. Except where prohibited by law, THE LAB WILL NOT BE LIABLE FOR ANY LOSS OR DAMAGES ARISING FROM THE USE OF DEVICES, WHETHER DIRECT, INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL, regardless of the theory asserted, including warranty, contract, negligence or strict liability. You agree to indemnify and hold the lab harmless from and against any claim or demand, including reasonable attorneys fees, made by any third party due to or arising out of your use of said devices. The lab does not guarantee the performance of independent carriers. You acknowledge that limitations on liability are a usual part of business-to-business relationships, and a common practice in the dental industry, and that such limitation are specifically stated above are relied upon by the lab when establishing the cost of providing dental laboratory services to your order. All matters arising from said relationship shall be interpreted and enforced in accordance with the laws of California.

TELEPHONE CALL RECORD

Lab Name: _____ Account #: _____

Patient/I.D.: _____

Re: _____

Request: _____

Date Due In Lab: _____

Date Of Call: _____ Initial: _____
