



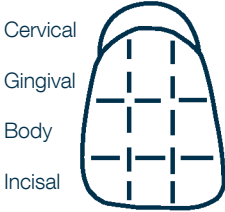
# Global Dental Solutions, LLC®

Full service dental laboratory

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 Building 500  
 Atlanta, Georgia 30350  
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 866.905.1111  
 Fax: 404.256.1404  
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 GlobalDentalSolutions.com

Patient _____	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Prep Date _____
<input type="checkbox"/> Crown # <input type="checkbox"/> Bridge #	Restoration Shade _____	Stump/Prep Shade _____
Alloy/Material: _____		<input type="checkbox"/> Crown & Bridge Lifetime Warranty \$15
If Lacking Occlusal Clearance: <input type="checkbox"/> Metal Occlusion <input type="checkbox"/> Metal Bite Pad <input type="checkbox"/> Adjust Abutment <input type="checkbox"/> Adjust Opposing		
Partial: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Start to finish <input type="checkbox"/> Try-in <input type="checkbox"/> Process		
Denture: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Start to finish <input type="checkbox"/> Try-in <input type="checkbox"/> Process		
<input type="checkbox"/> Already extracted; remove from model & include in try-in    Extraction # _____		
<input type="checkbox"/> To be extracted at final delivery    Extraction # _____		
Tissue shade: _____ <small>If left blank, standard shade will be used.</small>		Diastema? <input type="checkbox"/> Yes _____ mm Between #: _____

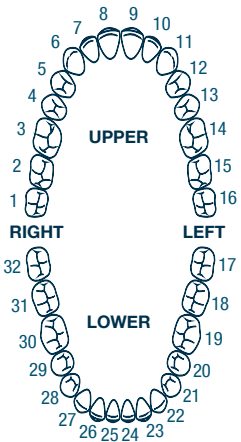
## SPECIAL SHADING



## INSTRUCTIONS: *Include necessary study models, photos, or patient expectations.*

Sent photos to [photos@GlobalDentalSolutions.com](mailto:photos@GlobalDentalSolutions.com)

## PARTIAL DESIGN



Lab Use Only: \_\_\_\_\_

Dr. Signature \_\_\_\_\_ Patient appt\* date & time \_\_\_\_\_

Print Dr. Name \_\_\_\_\_ License # \_\_\_\_\_ \*If left blank, this case will be fabricated and returned according to our standard in-lab time.

Dental Practice Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

By signing/submitting this prescription, you acknowledge that you have read, understand, and agree to all terms and conditions listed on the reverse side hereof.

By signing/submitting this prescription for manufacture, You (personally as an individual dentist and You on behalf of Your dental practice organization as its authorized representative) jointly and severally guarantee full payment of the account, and agree to the following terms and conditions. Your account will be considered past due if payment of any invoice is not received by the last business day of the month following the month the invoice is dated. You agree to pay a late fee of two percent (2%) on all past due account balances for each month or portion thereof that payment is late. Late fees are assessed in full on the first of each month when there is an outstanding past due balance. If Your account becomes sixty (60) days past due, You expressly agree that we may charge in full (past due account balance and accrued late fees) Your individual or practice organization credit cards on file. Should Your account become past due for ninety (90) days or more, You agree to pay reasonable attorneys' and collection fees and costs, whether or not any action is filed, including without limitation such fees and costs related to collection, arbitration, trial and on any appeal, review, or reconsideration thereof, and such fees and costs incurred after any award or judgment is entered, in addition to all late fees accruing until paid in full, to the fullest extent permitted by law. You hereby agree that this prescription is an order which becomes binding only when accepted by us here in Georgia and is governed by the substantive laws of the State of Georgia. You submit to the exclusive jurisdiction of the federal and state courts sitting in Fulton County, Georgia with regard to any dispute arising out of this prescription and our work and services related to it. You have read and agree to the remake and warranty policy listed below.

### **Time Schedule**

In order to perform a superior restoration, ten business days are required in lab. While some cases may be completed in as little as seven business days, we request ten business days in lab to ensure that we have adequate time to produce a high quality product. Cases including multiple products require the normal working time for each product selected. If a complex case is deemed to require more than ten days, we will contact you and discuss a proper timeline. Rush restorations need to be prescheduled by calling 866-905-1111.

### **Remake and Warranty Policy**

Through open communication with our doctors and the use of skilled technicians, we maintain a low remake rate. However, we realize that remakes do happen and will remake cases according to the policy listed below.

#### **C&B Remake Policy**

All Crown & Bridge remakes will be no cost if received within 2 months of the invoice date, with the following exceptions listed below.

- We inquired about the margin or impression, but were instructed by the doctor or doctor's staff to "do the best we can" and make the case.
- The doctor trimmed the die.
- The metal try-in was approved and returned to us for completion.
- Restoration was not seated by the same doctor that sent the case for fabrication.
- Bridges where the pontic unit(s) had not been extracted or allowed sufficient healing time prior to the impression being taken.
- The doctor instructed us to adjust the opposing due to a lack of clearance, or adjust the abutment due to a lack of clearance, lack of parallelism, undercut, or other reason.
- Any crown fabricated under a partial/designed to an existing partial, where the actual partial is not provided to us.
- The redo case instructs for a shade that is different than the original.
- Remakes returned to us without the original restoration will be charged at 100% of the price. If the original restoration is returned to us at a later date, we will issue a credit to the doctor's account.

C&B Lifetime Warranty is valid only for the prescribing clinician and is non-transferable.

#### **Removables Remake Policy**

All Removables remakes will be no charge if received within 30 days of the invoice date, with the following exceptions listed below. Remakes received after 30 days from the invoice date will be on a case-by-case basis.

- We inquired about the impression, but were instructed by the doctor or doctor's staff to "do the best we can" and make the case.
- We requested a try-in, but the doctor refused and instructed us to complete the case.
- The master model was provided to us by the Doctor.
- Complete dentures (immediate or otherwise) that were not fabricated with a wax try-in.
- Restorations with unhealed, fresh, or immediate extraction sites.
- The redo case instructs for a shade that is different than the original.
- Because Acetal Resin Overpartials are limited in the changes that can be made after processing, any change requested which was not part of the original Rx instruction and cannot be accomplished by adjustment will be billed at full charge for the remake.
- Remakes returned to us without the original restoration will be charged at 100% of the price. If the original model and restoration are returned to us at a later date, we will issue a credit to the doctor's account.

#### **Canceled cases**

Any case stopped mid-production will be charged based on the amount of work completed at the time the call to stop the case was received.

#### **Rejected Cases**

The cost of crown, bridge and removable restorations cannot be refunded (i.e. a refund check). If a case is for rejection rather than remake, we will issue a 50% credit to the dentist's account balance when the case in question qualifies according to the policy listed herein. The restoration must be returned with the original impression and modelwork.

#### **Warranty**

We guarantee our work to be free from defects in materials and craftsmanship, as provided below. All crown, bridge and removable dental restorations will be constructed using the appropriate materials and the best practices of any well run dental laboratory and will conform to the written specifications provided with each work order.

Any crown or bridge restoration that meets the qualifications for remake and experiences a defect in materials or workmanship within a period of five years will be remade at no cost, with the exception of applicable shipping fees. Any removable restoration that meets the qualifications for remake and experiences a defect in materials or workmanship within a period of one year will be repaired or remade, at our discretion, at no cost, with the exception of applicable shipping fees. A lifetime warranty is available, at minimal charge, on all crown and bridge restorations. If you desire the lifetime warranty, please select this option on the Rx form. However, due to their temporary or delicate nature, the following products are not covered under any warranty:

- Acetal resin overpartials
- Interim dentures
- Interim partials
- Thermoflex tooth color injected clasps
- Processed temporaries for abutments being prepared at time of delivery