

DENTAL LAB

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AuroraDentalLab.com

Please print and fill out completely

Mon Tues Wed Thu Fri

Aurora Dental Customer Copy

RX Date _____ Due Date _____ am _____ pm _____

Doctor _____ Phone _____

Doctor's Address _____

Patient Name _____ M/F _____ Age _____

REMOVABLE RX

COMPLETE DENTURES

- Aurora Classic
- Set Up/Try In
- Finish (High Impact)
- Aurora Premium
- Set Up/Try In
- Finish (Process Packed)
- Aurora Elite
- Set Up/Try In
- Finish (Diamond D Heat Cured)

PARTIALS

- Cast (Complete)
- Aurora Classic Cast Partial
- Aurora Premium Cast Partial
- Framework only
- Acrylic (Complete)
- Aurora Classic Partial
- Aurora Premium Partial
- Flexible (Complete)
- Aurora Classic Flexi
- Aurora Premium Flexi

TEETH TYPE

- Classic
- Premium

Shade Ant. _____ Post. _____
Mold Ant. _____ Post. _____

ADDITIONAL PRODUCTS

- Baseplate with Bite Rim
- Light Cured Custom Tray

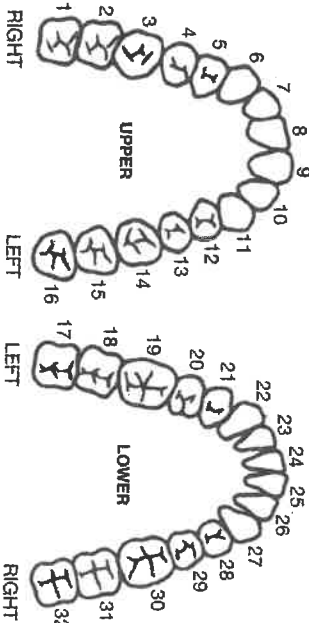
- Nightguards
- Hard
- Soft

Repairs

- Acrylic Fracture
- Reline
- Laser Weld
- Metal Mesh
- Additional Tooth
- Rebase
- Add Clasp
- Lingual Bar

CASE INSTRUCTIONS

DESIGN YOUR CASE HERE



- None
- Light
- Medium
- Dark

OCCLUSAL STAIN

- Call doctor
- Metal occlusion
- Adjust opposing tooth

IF NO OCCLUSAL CLEARANCE

PONTIC DESIGN



Desired shade _____

SHADE



Doctor's signature _____

License _____

Date _____

Payment is due in full 10 days from the date of the statement. A 1.5% charge per month will be charged on past-due accounts. Accounts past due will be delivered COD with past-due balance added. Accounts requiring legal and/or collection services will be subject to all costs incurred, including all reasonable costs.

FIXED RX

PORCELAIN FUSED TO METAL

- High Noble Yellow Gold
- High Noble White Gold
- Noble (Semi-Precious)
- Base Metal (Non-Precious)

METAL-FREE

- e.max®
- e.max® Veneer
- Aurora Elite Zirconia (Layered)
- Aurora Full Z (Contoured)

FULL-CAST CROWN-INLAY-ONLAY

- Type II Yellow High Noble (Inlay)
- Type III Yellow High Noble (Inlay)
- Type IV Yellow or White; High Noble or Noble
- Base Metal (Non-Precious)

MARGINS

- Lingual (Please Circle)
- Show No Metal, Metal Collar (Thick or Thin), Porc. Butt (Shoulder), 180 or 360

Facial (Please Circle)

- Show No Metal, Metal Collar (Thick or Thin), Porc. Butt (Shoulder), 180 or 360

HAVE QUESTIONS? NEED FORMS?

- Call me
- Please send RX pads
- Please send boxes
- Please evaluate my work

REMAKE POLICY: If the restoration is found to be not acceptable within 30 days of receipt of the case, return the restoration along with all accompanying materials for a replacement at no charge.

ITEMS NOT COVERED: Cash refund, cost insured for removal or insertion, repairs resulting from neglect, abuse or failure of supportive tooth and/or tissue structure, damages, including inconvenience, lost wages, chair time and pain or suffering.

CONDITIONS: Prosthesis must be inserted by a licensed practicing dentist or prosthodontist. Patient must adhere to semi-annual cleaning and exams. Restoration must be returned with model work for credit to be issued.