
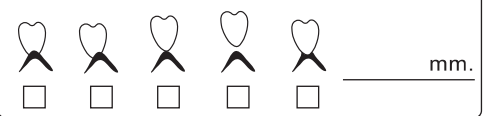
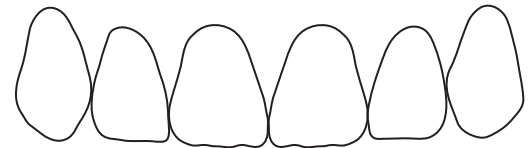



FOR LAB USE ONLY			12 Mauchly, Unit M, Irvine, CA 92618 Tel (949) 727-0121 · Fax (949) 727-0577 (800) WRDLAB(975-3522)			Receive Date		
Pan #	Finish	Will Ship						
DENTAL OFFICE : _____			PATIENT NAME : _____					
Dr's NAME : _____			Age : _____			<input type="checkbox"/> Male <input type="checkbox"/> Female		
PREP DATE : _____ DUE DATE : _____			PT. APPT DATE : _____ TIME : _____					
TOOTH # _____			SHADE <input type="checkbox"/> Custom Shade					
			STAINING					
			<input type="checkbox"/> None					
			<input type="checkbox"/> Light					
			<input type="checkbox"/> Medium					
PORCELAIN FUSED TO METAL			Please Email photos to : worldlabpic@gmail.com					
<input type="checkbox"/> Yellow High Gold			Stump Shade : (       )					
<input type="checkbox"/> White High Gold								
<input type="checkbox"/> Semi-Precious								
VENEER / CROWN / INLAY / ONLAY			METAL DESIGN					
<input type="checkbox"/> Layered Zirconia								
<input type="checkbox"/> Solid Zirconia								
<input type="checkbox"/> e.max Press (Layered)								
<input type="checkbox"/> e.max Press (Staining)								
METAL CROWN / INLAY / ONLAY			PONTIC DESIGN					
<input type="checkbox"/> 77% Gold								
<input type="checkbox"/> 40% Gold								
POST			IMPLANT					
<input type="checkbox"/> 77% Gold			System Name : (       )					
<input type="checkbox"/> 40% Gold			Size : (       )					
OTHER								
<input type="checkbox"/> Diagnostic Wax Up			<input type="checkbox"/> Cement Type					
<input type="checkbox"/> Provisional Restoration			<input type="checkbox"/> Screw Type (UCLA)					
			<input type="checkbox"/> Screwmentable (Lab Cement Y / N )					
OPTIONS			<input type="checkbox"/> Dr. will order all necessary parts					
<input type="checkbox"/> Porcelain Margin			<input type="checkbox"/> Lab will order all necessary parts					
<input type="checkbox"/> 360° Porcelain Margin			White and Yellow Copy - Lab / Pink Copy - Dentist					
						WORLD LAB PREMIUM		
						SPECIAL INSTRUCTIONS		
								
						STYLE DESCRIPTION:		
								
						INTERPROXIMAL CONTACTS		
						<input type="checkbox"/> Light		
						<input type="checkbox"/> Medium		
						<input type="checkbox"/> Heavy		
						OCCLUSAL CONTACT		
						<input type="checkbox"/> Out (0.3mm sub)		
						<input type="checkbox"/> Light		
						<input type="checkbox"/> Contact		
						SIGNATURE OF DENTIST _____		
						DENTIST LICENSE # _____		
						The person signing this authorization has read and agrees to the terms and conditions contained on the reverse side of this document. Furthermore, the undersigned accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees.		
						<input type="checkbox"/> CALL ME		
FOR LAB USE ONLY								
Impressions				Individual Models				
Bite Registrations				Memory Stick/Picture/CD				
Opposing Models				Crowns				
Master Models				Articulators (       )				
Study Models				Solid Models				

## TERMS AND CONDITIONS

## SHIPPING AND DELIVERIES

Depending on the region that your office is located, we will arrange for you to use FedEx, All Counties Courier (ACC), or our on-staff driver in order to ship your cases to us. Because the shipping method will be determined by your location, please note that you will not be able to select which courier you wish to use.

Shipping and handling fees are charged at \$9.50 per invoice (or \$16.50 per invoice for Hawaii and Alaska) for cases delivered via FedEx, OnTrac, and ACC. For select locations in Orange County, CA, we may be able to offer a complimentary pick-up and delivery service via our on-staff driver.

## 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.

## RETURNS

Returns are only accepted in the event that the completed restoration does not meet the conditions of the warranty as described below. Any other cases returned after completion are liable for full lab charges.

## INVOICES AND STATEMENTS

Invoices are delivered upon completion of each case. Monthly statements are issued at the end of each month and mailed to your office.

## WARRANTY

WORLD LAB U.S.A. offers a 5-year warranty for WORLD LAB PREMIUM products, with the exception of removable appliances, which have a 2-year warranty, and nightguards, which have a 1-year warranty. Under this warranty, the completed restoration is guaranteed to (1) be free of defects due to materials and workmanship, (2) fit the provided impression or model, and (3) be fabricated according to the specifications indicated on the prescription form.

Failure due to debonding, poor occlusion, and damages resulting from accident, neglect, and abuse are not considered to be the result of inferior workmanship and are thus not covered by the warranty.

If during the applicable warranty period you experience any problems with the restoration that are covered by the warranty as described above, WORLD LAB U.S.A. will remake or repair the restoration according to the original specifications at no additional cost. In order to take advantage of the warranty, you will be asked to return the original dental restoration and submit the original prescription or invoice indicating the patient name.

## PAYMENT POLICY

All outstanding balances are due within 30 days of the statement date, typically the last business day of the month. Balances not paid within 30 days of the statement date are subject to a 2% finance charge, applied on a monthly basis. Any accounts 30 days overdue may be put on hold or will receive any further orders C.O.D.

A fee of \$50.00 will be charged for all returned checks.

Should the need for litigation arise for any reason, the losing party shall pay the attorney fees and court cost of both parties.

**\*\* This policy statement is subject to change. \*\***

**\*\* WORLD LAB U.S.A. will notify your offices in writing at the time of such changes. \*\***

					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

[www.worldlabusa.com](http://www.worldlabusa.com)

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Aesthetic		Implant		Model Work
PFM		PFM (Cement / Screw)		Mount
WORLD Z Plus ( S / L )		e.max Press ( S / L ) (Cement / Screw)		
e.max ( S / L )		WORLD Z Plus ( S / L ) (Cement / Screw)		
Feldspathic		FMC (Cement / Screw)		
Hybrid		Temporary Screw Retained		Die Trim
Gold Crown, Post				
Provisional	Acrylic			
	PMMA	Custom Abutment		
		Metal		Wax Up / CAD CAM
Additional Fee (Aesthetic& Implant)		Titanium		
Diagnostic Wax Up		Zirconia		Opaque
Porcelain Margin		Zirconia Atlantis		
360 Porcelain Margin		Abutment Prep		
Rest, Guide Plane		Hybrid w/ Ti Base		
Surgical Stent		Screw Retained One Piece Implant Crown		Metal / Adjust
Abutment Prep		PFM UCLA Type		
Custom Healing Abut. w/Post		WORLD Z Plus w/ Atlantis ( S / L )		
Study Model		FMC		
Prep Guide (Silicone)				Buil Up / Finish
Prep Guide per Tooth		Screw Retained with Ti Base Implant Crown		
Putty Index		WORLD Z Plus ( S / L )		
Vacuum Form		e.max ( S / L )		
Maryland Bridge Wing				Final Check
(Metal, Emax/Zirconia)		Metals		
Milling / Attachment		Yellow Special	g	
Pink Gum Porcelain		A 70+	g	
Custom Shade		A 52	g	
All Ceramic Facial Layering		A 40	g	
Telescopic Coping		HP 77	g	
Night Guard		Remake or Fix		
		Add. Porcelain ( M / O / D )		
		Re Build Up		
		Stain		

Vendor.	Item #.
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Vendor.	Item #.
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