

FOR LAB USE ONLY

Pan # _____ Finish _____ Will Ship _____



DENTAL OFFICE : _____

Dr's NAME : _____

PATIENT NAME : _____


Age : _____ Male Female

PREP DATE : _____ DUE DATE : _____

Try-In AM Finish PM PT. APPT DATE : _____

TOOTH # _____

SHADE



STAINING

None Light Medium

Please Email photos to : ultimatestylespic@gmail.com

Stump Shade : ()

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

RESTORATION

Feldspathic

Zirconia (Layer or Stain)

e.max (Layer or Stain)

Composit Resin

PFM

IMPLANT

Cement Type

Screw Type

System Name : ()

Size : ()

Dr. will order all necessary parts

Lab will order all necessary parts

White and Yellow Copy - Lab / Pink Copy - Dentist

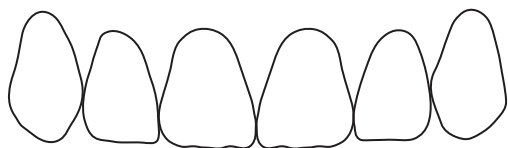
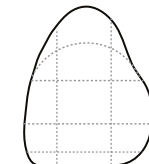
ADDITIONAL WORK

Diagnostic Wax Up

Provisional Restoration

Silicon Index (Temp or Prep)

SPECIAL INSTRUCTIONS

IF THERE IS NOT ENOUGH CLEARANCE.

Adjust opposing tooth

Make Metal Occlusal

Reduction Coping

Custom Shade

INTERPROXIMAL CONTACTS

Light

Medium

Heavy

OCCLUSAL CONTACT

Out (0.3mm sub)

Light

Contact

Receive Date _____

(For Lab Use Only)

SIGNATURE OF DENTIST

DENTIST LICENSE #

Person signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees.

CALL ME

FOR LAB USE ONLY

Impressions	Opposing Models	Wax Up Model (U)	Memory Stick / Picture / CD
Impression Coping	Master Models	Wax Up Model (L)	Articulators ()
Bite Registrations	Study Models	Stent	Analog
Bite Stick	Solid Models	Putty	Screw
Kois	Individual Die	Crowns	

TERMS AND CONDITIONS

SHIPPING AND DELIVERIES

As a courtesy to all of our clients. Ultimate Styles pays for all shipping costs, and as such provides shipping account information as deemed necessary.

In addition, we also provide a complimentary delivery line during our business hours for prompt service. To have cases picked up at your office, please contact our lab or the delivery line during our business hours for prompt services.

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 tabs, 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.

RETURN

Cases returned after completion are liable for full lab charges.

INVOICES AND STATEMENTS

Invoices are to be delivered at the time the case is delivered. Monthly statements are issued at the end of each month and mailed to your offices.

OUR GUARANTEE

Ultimate Styles guarantees workmanship on all restorations for 1 year in that the restoration will fit the master die (provided adequate reduction of the prepared tooth has been accomplished according to the manufacturer's recommendations.) Failure due to debonding, poor occlusion, accident, neglect, abuse, are not considered to be the result of inferior workmanship.

CREDIT POLICY

All accounts are payable within 30 days of the statement date, typically the last business day of the month. Balances not paid within the 30 day period are subject to a 2% finance charge, credit on a monthly basis. Accounts 30 days overdue will receive all orders C.O.D. Should the need for litigation become necessary, the losing party shall pay the attorney fees and court costs of both parties.

** This policy statement is subject to change. Ultimate Styles will notify your offices in writing at the time of such changes. **

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Aesthetic

PFG	
Veneer	
Katana Zirconia Crown (Layering)	
Full Contour Zirconia Crown (Staining)	
Inlay / Onlay	
Crown	
Composit Resin	
Post	
e.max Staining Technique	
e.max Layered Technique	
Gold	

Metals

A 52	g
A 40	g
HP 77	g
	g

Remake or Fix

Remake	
Fix	

Build Up	QC
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Implant

PFG (Cement / Screw)	
PFZ (Cement / Screw / Hybrid Zr + Ti)	
Full Zirconia (Cement)	
E.max (Cement) (S / L)	
Composit Resin (Cement / Screw)	
Temporary (Cement / Screw)	
Provisional Custom Layering (C / S)	
Cast to Custom Abutment	
Custom Abutment (Zirconia)	
Custom Abutment (Titanium)	
Custom Abutment (Ti Base+Zirconia)	
Abutment Prep	
Surgical Stent	
Positioning Jig	
Gold Anodizing	
Verification Jig	

Additional Fee (Aesthetic & Implant)

Porcelain Margin	
Diagnostic Wax Up	
Provisional Restoration	
Soldering (Pre / Post)	
Study Model	
Prep Guide (Primary / Alveolar)	
Putty / Silicon Index	
Maryland Bridge (Wing)	
Vacuum Formed Tray	
Pontic	
Pink Gum Porcelain	
Cementing Abutment to Crown Procedure Fee	
Request Tech. (Naoki / Other)	
Single Central Custom Shade	
Anterior Custom Shade	
Photo Set	

Patient's Right Side Patient's Left Side

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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