

( FOR LAB USE ONLY )

PREP DATE : \_\_\_\_\_ DUE DATE : \_\_\_\_\_

Due Date: 11th day (Working day, Mon-Fri)  
Please count it from the day you shipped.

Pl. # \_\_\_\_\_

DENTAL OFFICE : \_\_\_\_\_

DR. NAME : \_\_\_\_\_

PATIENT NAME : \_\_\_\_\_ AGE: \_\_\_\_\_  M  F



**WORLD LAB**  
BASIC

12 Mauchly, Unit M, Irvine, CA 92618  
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**REMOVABLE**

**PARTIAL DENTURE**

**ACRYLIC**

- Complete - One Stage
  - Teeth Set Wax Try-in
  - Try-in to Finish
- Option:  with Metal Frame Ni Free  
 with Vitallium 2000

**VALPLAST**

- Complete - One Stage
  - Teeth Set Wax Try-in
  - Try-in to Finish
- Option:  with Metal Frame Ni Free  
 with Vitallium 2000

**TCS**

- Complete - One Stage
  - Teeth Set Wax Try-in
  - Try-in to Finish
- Option:  with Metal Frame Ni Free  
 with Vitallium 2000

**FLIPPER ( ACRYLIC )**

\* Up to 2 teeth; No metal; No clasp

- Complete - One Stage
- Teeth Set Wax Try-in
- Try-in to Finish

**FULL DENTURE**

**ACRYLIC** (  Immediate )

- Complete - One Stage
  - Teeth Set Wax Try-in
  - Try-in to Finish
- Option:  with Metal Frame Ni Free  
 with Vitallium 2000

**BASE PLATE & BITE RIM / CUSTOM TRAY**

- Base Plate & Bite Rim
- Bite Rim with Metal Frame
- Custom Tray

**REPAIR ( ACRYLIC / VALPLAST )**

- Re-Base
- Re-Line
- Add Teeth

**OTHERS**

- Clasp (Valpalst)
- Clasp (Cast)
- Clasp (Wire)
- Night Guard ( Soft / Hard / Hard & Soft )

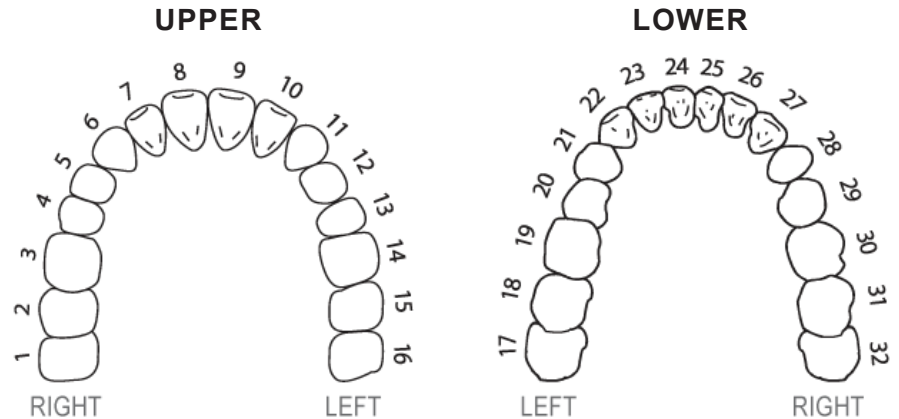
TOOTH SHADE: (                    )

GUM SHADE: (                    )

**CASE DESIGN & SPECIAL INSTRUCTIONS**

Option: If you need name in denture, please PRINT name CLEARLY below:

\_\_\_\_\_



**FOR LAB USE ONLY**

Impression		Study Model		Articulator		Receive Date
Bite Registration		Wax Try-In		Slide / Pic / CD		
Upper Model		Bite Rim				
Lower Model		Denture F/P				

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SIGNATURE OF DENTIST

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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.

( Return all except gold copy. )

# 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 guarantee 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 1-year warranty for WORLD LAB BASIC products. 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. \*\*

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

To Dr. check

From Dr. check

To Trim

From Trim

To Try-in

From Try-in

To Coping

From Coping

Waiting (        )

Waiting (        )

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