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[www.marinerdental-lab.com](http://www.marinerdental-lab.com)

Dr. \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

☐ Female ☐ Male Age: \_\_\_\_\_

Due Date in Office: \_\_\_\_\_

Patient's Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

SPECIFIC DELIVERY CAN ONLY BE GUARANTEED WITH SPECIAL SERVICE

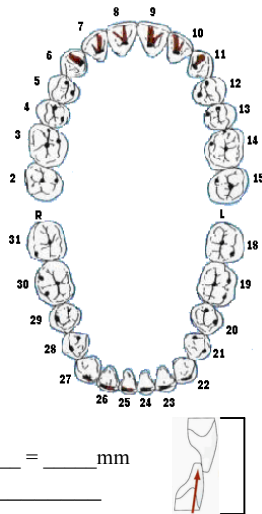
### Component of the Blue Print for a Functional Occlusal and Smile

#### Design

(To be sent to the lab)

### Wax-up Diagnosis/ Case Planning

- Full coverage teeth # \_\_\_\_\_  
(see diagram on right side) \_\_\_\_\_
- Porcelain \_\_\_\_\_  
Veneers \_\_\_\_\_
  - Study models with full border
  - Facebow transfer
  - Bite registration CO
  - Bite registration CR and Equilibrate?
  - **Deprogrammer** Kois, NTI, Lucia Gig, Etc... \_\_\_\_\_
  - Measure CEJ to CEJ for teeth # \_\_\_\_\_ to # \_\_\_\_\_ = \_\_\_\_\_ mm
  - Specify Smile Style \_\_\_\_\_



### Photo Information

(all 6 photos needed)

- Facial with Smile
- Smile with lip
- Dental Close Up (retracted)
- Profile Smile
- Picture of Bite while teeth occluding in CO or CR
- Phonetic Smile (ex. S.V.E. #8) \_\_\_\_\_ mm

### Send back to Dr. with Diagnostic Wax-up

(choose one or more)

- Preparation alignment guide stent
- Siltec matrix for temp fabrication
- Just send Esthetic Wax Up for patient review
- VDO guide stent while occlusion in CR or CO
- Reduction Guide
- Maxillary Mock Up
- Mandibular Mock Up
- Tissue Contouring Guide
- Anterior Incisal Edge Position Guide

### Patient's Goal

### Diagnostic Purpose

- Enhance temp and send back with mock guide
- Opening Vertical \_\_\_\_\_ mm
- Lengthen
  - Teeth # \_\_\_\_\_
  - How much? \_\_\_\_\_ mm
- Shorten
  - Teeth # \_\_\_\_\_
  - How much? \_\_\_\_\_
- Tissue Recontouring
  - Teeth # \_\_\_\_\_
  - How much? \_\_\_\_\_ mm
- Restore Guidance
- Keep Incisal edge position the same
- Keep teeth inside existing neutral zone
- Widen Buccal Corridor



Please indicate by checking 1, 2 or 3  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

### Type of Restoration

#### Metal Free Restorations

- Porcelain
  - Feldspathic teeth # \_\_\_\_\_
  - Veneers
    - Pressable teeth # \_\_\_\_\_
- Full Coverage
  - Emax tooth # \_\_\_\_\_
  - Zirganic tooth # \_\_\_\_\_
  - Lava tooth # \_\_\_\_\_
  - Other tooth # \_\_\_\_\_

#### Porcelain Fused to Metal

- Framework Try-In
  - Bisque Bake
    - Finish
      - Tooth # \_\_\_\_\_ Facial Metal Collar
        - yes
        - no
      - Tooth # \_\_\_\_\_ Lingual Metal Collar
        - yes
        - no
      - Full margin metal collar
        - 0.1 mm
        - 0.5 mm
      - Tooth # \_\_\_\_\_
      - Porcelain butt shoulder
        - White High Noble Metal
        - Yellow High Noble Metal
      - Tooth # \_\_\_\_\_
      - No Metal Collar
        - Tooth # \_\_\_\_\_

#### Implant Information

Implant Type: \_\_\_\_\_

Implant Size: \_\_\_\_\_

- ☐ Treatment cost evaluation
- ☐ Stock abutment
- ☐ Custom Zirconia abutment
- ☐ Custom titanium abutment
- ☐ Tissue forming abutment
- ☐ Cement retained
- ☐ Screw retained
- ☐ Provisional restoration
- ☐ Surgical Stent
- ☐ Utilize Doctor parts

### Items Required from Dr

#### Study Cast (a must)

- ☐ Original
- ☐ Model/Impression of patient's approved temporary
- ☐ Provisional thickness B, L, Occl.
- ☐ Facebow transfer
- ☐ Mounting/ Stick-bite
- ☐ Bite registration CO
- ☐ Bite registration CR
- ☐ Copy temp style & Thickness
- ☐ Prep bite measuring clearance
- ☐ Tripod VDO CR Bite
- ☐ Video Clip (Speaking, Laughing, Smiling & Profile Shots)

#### All 6 Photos Needed

- ☐ Marks of occlusal centric stops
- ☐ Pre-op and Provisional
- ☐ Facial with smile
- ☐ Smile with lip
- ☐ Dental Close-up with guide
- ☐ Prep Shade with guide

### Shade Information

Prep Shade \_\_\_\_\_



Final Shade \_\_\_\_\_

Teeth Texture  
Light \_\_\_\_\_ Med \_\_\_\_\_ Heavy \_\_\_\_\_

Length of Centrals

Original \_\_\_\_\_ Final \_\_\_\_\_

# 8 \_\_\_\_\_ # 8 \_\_\_\_\_

# 9 \_\_\_\_\_ # 9 \_\_\_\_\_

Occlusal Stain:

☐ None ☐ Light ☐ See Pic.

### SPECIAL INSTRUCTIONS

Call for case consultation and Planning

Dr. Signature \_\_\_\_\_ Lic. # \_\_\_\_\_

Please Send the Following ☐ Rx Forms ☐ Boxes ☐ Other

## **TERMS AND CONDITIONS**

All products are subject to the Terms and Conditions set out below. By signing a prescription slip to Mariner Dental Laboratory, or sending this Rx Slip (or a substitute) you agree to abide by all terms and conditions. Mariner Dental Laboratory reserves the right to change terms and conditions at any given time. Please read the terms and conditions carefully.

To provide you with the best quality restorations, we will call you under these circumstances:

1. A questionable die, model, design or impression.
2. A metal or bisque try-in at our suggestion.
3. A reprepared preparation when repairing cases with new bite.
4. No study model is sent for anterior cases and/or no specific instructions are given.
5. A shade different from the original request.
6. Repairs on old cases not made by our lab.
7. Incomplete instructions on prescription.
8. When there are incomplete returned items when crown does not fit (impression, models, crowns, bites, study models).
9. Destroyed impression.

### **Warranty**

With respect to our service and the quality of work that we produce, we guarantee all work, except in the explained situations below, for 1 year from date of invoice. For Lava crowns we guarantee the Lava Coping only, for 5 years from date of invoice. Zirganic crowns are guaranteed by Mariner Dental Lab for 7 years from date of invoice.

Remakes are subject to charges when the original RX slip has been modified or a request for new models, impressions, etc. on the original case has been refused. We will not be liable for repairs from accidents, neglect, abuse, failure of supportive tooth or tissue structures or improper adjustments.

### **Cancellation Rights**

Any work order, which needs to be returned to your office upon request for a wax check, die trim, mounting, etc. that is not sent back for completion will automatically be cancelled within 90 days and charged to stage.

### **Working times and Operating Policy**

In order to provide you with quality restorations and excellent service, we require adequate time for fabricating, inspecting, and delivering your work orders. Mariner Dental Lab will provide a time schedule per case.

Working time does not include pick-up and delivery days, weekends or holidays. Rush service is available at an additional fee if workload allows. Due dates given on the lab prescription must be at least one day ahead of patient's appointment.

### **Shipping and Receiving**

Mariner Dental Lab offers free pickup and delivery services for all local clients. Pick-ups and delivery days are Monday through Friday from 10:30 am – 5:00 pm.

All products are carefully inspected prior to shipping. It should be inspected immediately upon receipt. Please notify Mariner Dental Lab if any damages are found.

### **Billing and Statements**

A computerized monthly statement will be mailed to you. Net amount of invoice is due upon receipt on all accounts. Late payments or balances beyond 30 days are subject to a finance charge of 1.5%. You agree to pay reasonable attorney fees and collection costs if the account is referred to collection.