

Digital Dental Laboratory

14201 N 87th St, Ste A105
Scottsdale, AZ 85260
(480) 948-0456

digitaldental.com | crystalultra.com

Account Name: _____ Dr. Name: _____

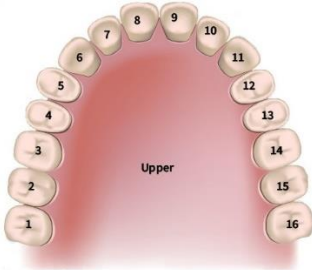
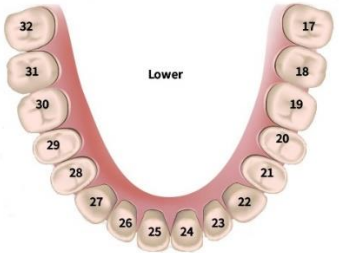

Email: _____ Phone: _____

City _____ State _____ Zip _____ **Deliver by Date:** ____/____/____

Address: _____

Patient Name: _____

*First Initial and Last Name or Last Name and Patient Ref # Only. **NOT** full name and birth date.*

IMPLANT SYSTEM	RESTORATION TYPE	DESIGN	
<p>Nobel BioCare</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nobel Active <input type="checkbox"/> Nobel Replace <input type="checkbox"/> Branemark <p>Astra / Dentsply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Astra Tech Osseospeed <input type="checkbox"/> Astra Tech EV <input type="checkbox"/> Ankylos <input type="checkbox"/> Friadent <input type="checkbox"/> Xive <p>Straumann</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bone Level <input type="checkbox"/> Tissue Level <p>Biohorizon</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tapered <p>Zimmer Biomet</p> <ul style="list-style-type: none"> <input type="checkbox"/> 3i Internal Certain <input type="checkbox"/> 3i External Certain <input type="checkbox"/> Screw Vent <input type="checkbox"/> Tapered Screw Vent <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ 	<p>Service Level</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bite Block <input type="checkbox"/> Implant Verification Jig <input type="checkbox"/> Setup Try-In <input type="checkbox"/> Reset <input type="checkbox"/> Final Prosthesis <p>Crystal Ultra® Fixed Denture</p> <ul style="list-style-type: none"> <input type="checkbox"/> Crystal Ultra® Fixed Hybrid [] Finished [] Unfinished <input type="checkbox"/> Crystal Ultra® Fixed Monolithic [] Finished [] Unfinished <input type="checkbox"/> Crystal Ultra® Locator Fixed [] Finished [] Unfinished <input type="checkbox"/> Zirconia Full Arch (Finished) <p>Crystal Ultra® Locator Denture</p> <ul style="list-style-type: none"> <input type="checkbox"/> Crystal Ultra® Locator Denture (Removable) Characterization Level: [] Light [] Standard [] Heavy <p>Other Services</p> <ul style="list-style-type: none"> <input type="checkbox"/> Crystal Ultra® Denture Characterization Level: [] Light [] Standard [] Heavy <input type="checkbox"/> PMMA Barless Denture (<i>Temporary</i>) <input type="checkbox"/> PMMA Printed Try-in 	<p><input type="checkbox"/> Upper Ultra Tooth Shade: _____</p> <p><input type="checkbox"/> Lower Tissue Shade: Light / Medium / Dark</p> <p>Intaglio Design: <input type="checkbox"/>Convex <input type="checkbox"/>Flat <input type="checkbox"/>Other_____</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>Upper</p> </div> <div style="text-align: center;">  <p>Lower</p> </div> </div> <p>Distance between Anterior & Posterior Implants: _____mm</p> <p>Upper AP Spread x1.5mm: _____mm</p> <p>Implant Diameter: _____ mm</p> <p>Tooth Numbers: _____</p> <p>Distance between Anterior & Posterior Implants: _____mm</p> <p>Lower AP Spread x1.5mm: _____mm</p> <p>Implant Diameter: _____ mm</p> <p>Tooth Numbers: _____</p>	
	<p>Enclosed With Case</p> <ul style="list-style-type: none"> <input type="checkbox"/> Impression <input type="checkbox"/> Models <input type="checkbox"/> CR Bite <input type="checkbox"/> CO Bite <input type="checkbox"/> Implant Parts <input type="checkbox"/> Articulator <input type="checkbox"/> Photos <input type="checkbox"/> Other: _____ <input type="checkbox"/> STL Files – Send to files@digitaldental.com 	<p>Send case photos to lab@digitaldental.com & list additional Instructions below:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signature: _____ License # _____ Date: ____/____/____</p> <p><i>Signature implies the script has been reviewed for accuracy, legibility, and completion. Person signing accepts company policy on reverse side.</i></p> <p style="text-align: center;"> ALL RESTORATIONS FABRICATED IN THE USA. PATENT # US 10,485,637 & US 11,399,920</p>	

WARRANTY AND REMAKE POLICY

Our warranty on fixed and removable prosthetics is as follows:

- Immediate Denture Products: 90 days
- Hybrid, Crystal Ultra®, and Zirconia Denture Products: 3 years if designed per our parameters.
 - All Crystal Ultra® and zirconia full arch, finished and unfinished, prosthesis pertain exclusively to work performed by Digital Dental for its customers' requiring an implant supported prosthesis that is designed, milled and assembled by Digital Dental. This warranty does not include or cover any use of Crystal Ultra® or zirconia outside of a full arch, implant supported prosthesis that is designed, milled and assembled by Digital Dental.
 - To meet the minimum design parameters, each:
 - Arch substructure must be designed with at least 2mm of structure circumferentially around each implant cylinder.
 - Distal cantilever is not to exceed either the same distance as the AP spread (AP spread = the distance between the most anterior and the most posterior implant on either side of the arch) or 10mm, whichever is shorter.
 - Crystal Ultra prosthesis must be on transgingival abutments and not fabricated to be placed directly onto the implants.
 - Implant parts are not included and may be an additional charge.

Our remake policy is as follows:

- We will adjust, remake or repair any restoration due to defects in workmanship or material free of charge.
- The original restoration and original model work must be returned with the request for remake or repair.
- There may be additional charges if:
 - The original restoration is not returned.
 - The case has been re-prepped, and a new impression sent.
 - The shade or material are different from the original order.
 - We have requested a new impression and you have asked us to proceed without one. *
 - We have requested a try-in, and you have asked us to proceed without one. *
 - We have requested that the case be re-prepped, and you have asked us to adjust the models and to proceed without re-prepping. *
 - There are specifications the case requires that were not requested during original fabrication.
 - A reduction coping has been requested.
 - The failure is due to a non-lab related problem (accident, failure to use nightguard, failure of supportive tooth or tissue structure, poor quality impression, improper preparation, improper seating, improper hygiene).

The following are not covered by our warranty:

- Cases for which we have not received payment toward the original case. You must be a current, active client for a remake to be fabricated at no charge.
- Cases adjusted by other dental laboratories.

**If this applies to your case, your invoice will indicate that the case is not guaranteed under this warranty*

EMERGENCY CASES

We are in business to assist you.

When emergencies arise, please call to notify us. We will make arrangements to expedite your work whenever possible. A rush fee will apply.

+20% surcharge for completion in 11-14 Days

+30% surcharge for completion in 7-10 Days

TURNAROUND TIMES

Please allow full turnaround time for each restoration. Combination cases will require additional time. Turnaround times do not include weekends, holidays, or time in transit (2DA FedEx shipping).

Crystal Ultra® Hybrid Finished	15 Days
Crystal Ultra® Hybrid Unfinished	10 Days
Crystal Ultra® Monolithic Finished	15 Days
Crystal Ultra® Monolithic Unfinished	10 Days
Zirconia Full Arch Finished/Unfinished	15 Days
PMMA Full Arch Finished/Unfinished	10 Days
Crystal Ultra® Ti Bar Finished/Unfinished (You Provide Bar)	15 Days
Crystal Ultra® LOCATOR Fixed Finished/Unfinished	12 Days
Crystal Ultra® Denture	10 Days
Crystal Ultra® Locator Denture	10 Days
Repair/Adjustment	5 Days
Bite Block/Verification Jig/Set-Up	5 Days

