Morse Dental Lab

WE ARE A CERTIFIED DENTAL LABORATORY

211 Third Street Fairport, Ohio 44077
(440) 639-1078 (888) 738-0715

DR. NAME_____ DATE OF RX _____/_____/_____

PATIENT NAME_____MALE/ FEMALE

RETURN DATE BY 5PM _____/_____/_____ PLEASE SEND: _____ BOXES _____PRESCRIPTIONS _____SHIPPING LABELS

Full Dentures

- ☐ Morse Digital Denture
- ☐ Premium Full Denture
- ☐ Standard Full Denture
- ☐ Economy Full Denture
- ☐ Immediate Denture
- ☐ Treatment Denture
- ☐ Bite Rim
- ☐ Custom Tray
- ☐ Set-up
- ☐ Process & Finish
- ☐ All Acrylic Partial
- ☐ Add Wrought Wire Clasps
- ☐ Rebase
- ☐ Reline
- ☐ Repair

Partial Dentures

Metal Framework

- ☐ Nobilistar Ultra Conventional Frame
- ☐ Set-up for Try In
- ☐ Set-up and Finish

Flexible (Metal Free)

- ☐ Duraflex
- ☐ Valplast
- ☐ Morse Flexible Denture
- ☐ Hybrid Denture: Flexible with Metal Framework

Soft Gasket Denture

Tooth Number_____

Crown & Bridge

Metal Free

- ☐ IPS e.max (Include stump shade)
- ☐ Solid Zirconia
- ☐ Esthetic Solid Zirconia (Include stump shade)
- ☐ PFM to Base Metal
- ☐ PFM to Noble
- ☐ All Metal Non Precious
- ☐ All Metal Noble
- ☐ All Metal High Noble
- ☐ Temporary Provisional
- ☐ Single Crown
- ☐ Bridge

Bite Splints/ Mouthguards

- ☐ Flexible Talon
- ☐ Comfort

(Hard, Soft, H/S)

- ☐ Proform Sports
  - ☐ Strap
- ☐ Astron Clear Splint

Color Preference

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_____ DOCTOR SIGNATURE LICENSE NUMBER

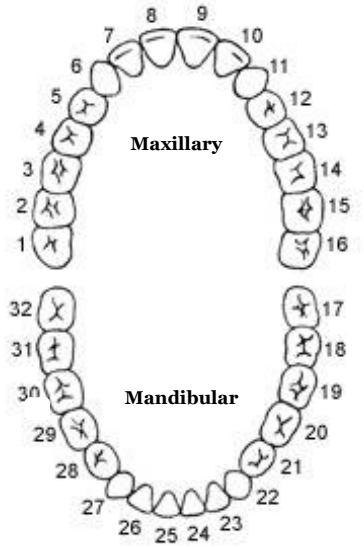
_____ PATIENT'S APPROVAL SIGNATURE DATE

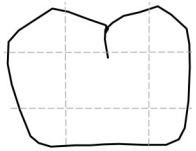
All accounts due within 30 days of statement dates. A service charge will be added to past due accounts. Person signing this authorization and/ or the dental practice accepts responsibility for payment of the related charges and agrees to pay all legal and collections costs in the event the account is in collections or litigation, including reasonable fees.

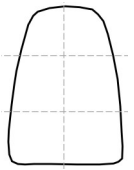
SHADE: _____ PREP SHADE: _____

MOULD:_____

☐Image ☐Dentsply ☐House Brand







If No Occlusal Clearance:

- ☐ Adjust Opposing
- ☐ Reduce Coping
- ☐ Call

OCCLUSAL STAINING

☐None ☐Light ☐Medium ☐Heavy

PONTIC DESIGN: (please circle)

MARGIN AND METAL DESIGN: (please circle)

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www.MorseDentalLab.com
PMorse@MorseDentalLab.com

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MORSE DENTAL LAB REMAKE AND WARRANTY POLICY

Morse Dental Laboratory Terms and Conditions:

ACCEPTANCE OF CASES: Morse Dental Lab reserves the right to accept or refuse cases by any Dentist at its sole discretion based on factors such as condition of impression and other quality of incoming work. Morse Dental Laboratory is not liable to complete any case it does not accept.

WARRANTY: Morse Dental Lab provides limited warranty for defects in workmanship and materials for varying time periods depending on the type of product.

NO Warranty for flippers, immediate dentures and partials, denture and partial repairs and addition of teeth or clasps.

30 DAY WARRANTY for Pro-Form Sport Guards, Hard and Soft night guards
60 DAY WARRANTY for gaskets and Its-so-clear clasps.
1 YEAR WARRANTY for economy denture based on documented maintenance
3 YEAR WARRANTY for standard dentures based on documented maintenance.
5 YEAR WARRANTY for deluxe dentures based on documented maintenance.
LIFE-TIME WARRANTY for flexible products only against breakage; *NOT* wear and tear, teeth or discoloration.

The cost of fabricating custom made dental appliances cannot be refunded. A credit may be issued to the doctor's account when cases do not meet industry standard for quality, function and aesthetics. Each appliance must be inserted by a licensed practicing dentist. The client/dentist are responsible for the fitness and use of all appliances. Morse Dental makes no warranty of merchandise or fitness for a particular purpose.

REMAKES: During the guarantee period we will take the following steps:

- Remake or repair the original product at no cost to the customer.
- Replace the defective product with a different product of equal value. If the replacement product is of greater value, the customer will be charged for the difference.
- If credit is requested: NO CASH REFUNDS WILL BE ISSUED. In- house credit may be given but it must be used within 60 days. Credits are only available up to 30 days from the day the product leaves the laboratory and appliance must be returned with the unaltered original models.
- We cannot be held responsible for the patient health with regard to allergic reaction or nerve sensitivity.
- Warranty does not include temporary appliances or the fit of immediate dentures. It does not cover a patient's eating or sleeping habits. And does not cover color, shade, hue, translucency and value of teeth or base after processing is complete.
- Morse Dental reserves the right to decide how to repair or remake an appliance.
- There are no expressed or implied warranty of fitness for a particular purpose given by Morse Dental.
- We are not responsible in any way for the fit and function of any restoration in the patient's mouth. It is our warranty to make the restoration fit and function on the impressions and/or models provided.
- Acceptance of goods constitutes acceptance of all terms and conditions herein.
- All transactions are governed by the laws of the State of Ohio.

RECEIVED WITH CASE

- ☐ IMPRESSIONS– SINGLE ARCH
- ☐ IMPRESSION– TRIPLE TRAY
- ☐ OPPOSING MODEL
- ☐ OPPOSING IMPRESSION
- ☐ BITE
- ☐ CROWN
- ☐ OLD MODEL
- ☐ CROWN IN IMPRESSION
- ☐ PARTIAL IN IMPRESSION
- ☐ SHADE TAB
- ☐ TEETH
- ☐ BASE PLATE & BITE RIM
- ☐ PARTIAL FRAMEWORK
- ☐ WAX SET UP
- ☐ OTHER_____

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CALL RECORD

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