



**R** FIXED/REMOVABLE

Send Your Cases to O-Tec Dental Today!

**(800) 536-6832**

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Main (310) 220-6240 / Fax (310) 745-5683

otecdentallab.com • customerservice@otecdentallab.com

**IMPORTANT:** Please call ahead to arrange Rush cases.

### CROWN & BRIDGE

**SELECT:** ☐ CROWN ☐ BRIDGE ☐ INLAY/ONLAY ☐ VENEER

#### ZIRCONIA

- ☐ Full Contour Zirconia (FCZ)
- ☐ Zirconia Aesthetic ML
- ☐ Layered Zirconia (PFZ)
- ☐ BruxZir Solid Zirconia

#### PORCELAIN TO METAL

- ☐ Non-Precious
- ☐ Semi-Precious
- ☐ White Gold HN
- ☐ Yellow Gold HN

#### FULL CAST

- ☐ Non-Precious
- ☐ Semi-Precious
- ☐ White Gold HN
- ☐ Yellow Gold HN

#### ALL-CERAMIC

- ☐ Lithium Disilicate

#### MARYLAND BRIDGE

#### COMPOSITE

#### TEMPORARIES

#### C & B EXTRAS

- ☐ Rest ☐ Wing
- ☐ Fit to Partial
- ☐ Diagnostic Wax-up

#### IMPLANTS (Serving All Major Implant Brands)

- ☐ FCZ & Titanium Abutment Bundle (Crown, Abutment, Screw, Analog, Tissue Model, Labor)

#### CUSTOM/SELECT ABUTMENT:

☐ Titanium

☐ Zirconia

- ☐ Stock Abutment

- ☐ Custom Abutment

- ☐ Parts Supplied by Doctor

Size \_\_\_\_\_

Manufacturer \_\_\_\_\_

#### BUCCAL MARGIN

- ☐ Porcelain Butt Margin
- ☐ 360° Porcelain Butt Margin

#### STAINING

- ☐ Light ☐ Heavy
- ☐ Medium ☐ None

#### METAL DESIGN



No Mtl.  
Collar



360 Mtl.  
Collar



Metal  
Lingual  
Anterior



Metal  
Lingual  
Collar



Mtl. Occl.  
Excl. Buccal  
Cusp.



Mtl. Occl.  
Incl. Buccal  
Cusp.

#### PONTIC DESIGN



Full  
Ridge



Modified  
Ridge



No  
Ridge



No  
Contact



Point  
Contact



Ovate

#### OCCCLUSAL CLEARANCE

- ☐ Light
- ☐ Open
- ☐ Tight

#### CONTACT

- ☐ Light
- ☐ Medium
- ☐ Heavy

#### IF INSUFFICIENT ROOM:

- ☐ Adjust Opposing
- ☐ Reduction Coping
- ☐ Metal Occlusal / Lingual

### REQUIRED INFORMATION

Doctor: \_\_\_\_\_ Lic. #: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Due Date (by 5 pm): \_\_\_\_\_

City: \_\_\_\_\_ Turnaround Time: ☐ Fixed (10 Days) ☐ Removables (10 Days)

Phone: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dr. Signature^: \_\_\_\_\_ Patient's Name: \_\_\_\_\_ ☐ M ☐ F

First

Last

### SPECIAL INSTRUCTIONS

TOOTH #: \_\_\_\_\_

SHADE: \_\_\_\_\_

STUMP SHADE: \_\_\_\_\_



#### CIRCLE TEETH / ARCH



☐ REDO CASE

### REMOVABLE

**SELECT:** ☐ FULL DENTURE ☐ PARTIAL ☐ UNILATERAL

#### TISSUE SHADE:

- ☐ Light Pink
- ☐ Pink
- ☐ Ethnic

#### SELECT STAGE:

- ☐ Complete (One Stage)
- ☐ Set to Enclosed Frame
- ☐ Wax Try-in w/Teeth
- ☐ Frame Try-in
- ☐ Final Process

☐ UPGRADE TO  
**PREMIUM  
TEETH**

#### NON-METAL PARTIALS

- ☐ Flexible Partial

#### ACRYLIC PARTIALS

- ☐ Flipper (1 Tooth)
  - ☐ Stayplate\* (2-5 Teeth)
  - ☐ Acrylic Partial\* (6+ Teeth)
- \*Includes wire clasps

#### CAST METAL PARTIALS

- ☐ Cast Metal (Chrome Cobalt)
- ☐ Vitallium 2000

#### COMBO PARTIALS

- ☐ Cast Metal Frame
- w/Flexible Saddles/Clasps

#### CLASP DESIGN

- ☐ Lab Select ☐ RPI
- ☐ Roach ☐ Akers

#### MAJOR CONNECTOR

- ☐ Lab Select ☐ Full Palate ☐ Lingual Plate
- ☐ Horseshoe ☐ Lingual Bar ☐ A-P Bar
- ☐ Palatal Strap

#### REMOVABLE EXTRAS

- ☐ Wax Bite Block ☐ Custom Tray ☐ Reline Hard
- ☐ Wax Bite Rim ☐ Bleach Tray ☐ Reline Soft
- ☐ Cusil # \_\_\_\_\_ ☐ Rebase ☐ Repair

#### CASE MATERIALS ENCLOSED:

- ☐ Impressions ☐ Bite Registration ☐ Models ☐ Implant Parts

#### REQUEST FREE SUPPLIES:

- ☐ Rx Forms ☐ Case Boxes ☐ FedEx Labels

<b>TURNAROUND TIME</b>	<b>Days InLab<sup>†</sup></b>
Fixed	10
Removable	10
Implants*	10 <sup>+</sup>

\*Additional time maybe required to order parts.

<sup>†</sup>Excludes Weekends & Holidays. Working times are not guaranteed.

**Please Note:** A case requiring a call from a technician or scheduling department may cause delays to the fabrication process.

<b>RUSH SERVICES/FEES<sup>^</sup></b>	<b>Days InLab</b>
"Rush 25" - \$25 Per Unit/Per Arch	5

<sup>^</sup>Rush services/fees are not available for all products and subject to change during the holiday seasons. To arrange rush service for your case, contact O-TEC Dental Laboratory Scheduling Department. Rush fees not subject to credit.

### **\*IMPORTANT INFORMATION**

All prices are subject to change without notice and are quoted as complete (one stage) or one unit. Some products are subject to additional fees, e.g., C & B and removable extras, attachments and additional implant parts, multiple stages, and metal surcharges.

## **O-TEC DENTAL LABORATORY TERMS & POLICIES<sup>^</sup>**

**By signing or sending this Rx Form (or a substitute therefore) to O-TEC Dental Laboratory,  
I agree to abide by all terms and policies listed below.**

All statements must be paid in full by the 15th of the month in which the statement is prepared. Any amounts not paid by the last business day of such month will incur a 2% finance charge per month, and the account will be automatically placed on C.O.D. terms. All cases will be billed in stages and will be paid in full according to stage. All cases and items sent remain the property of O-TEC Dental Laboratory, until client's account is paid in full. A minimum of \$50.00 will be charged for returned checks. All disputes shall be governed in all respects by California law and client agrees to submit to the exclusive jurisdiction of, and venue in the County of Los Angeles, State of California in any dispute, with the prevailing party to recover attorney's fees, court costs and other expenses, including actual expert witness fees, if any, in addition to any other relief to which prevailing party may be entitled.

Please visit **otecdentallab.com** for complete warranty and remake information.