



R FIXED/REMOVABLE

Send Your Cases to O-Tec Dental Today!

(800) 536-6832

2851 West 120th Street, Suite E #217, Hawthorne, CA 90250

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)

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 (Servicing All Major Implant Brands)

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

CUSTOM/SELECT ABUTMENT:

Titanium

Zirconia

- Stock Abutment

- Custom Abutment

Size _____

- Parts Supplied by Doctor

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

OCCLUSAL 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

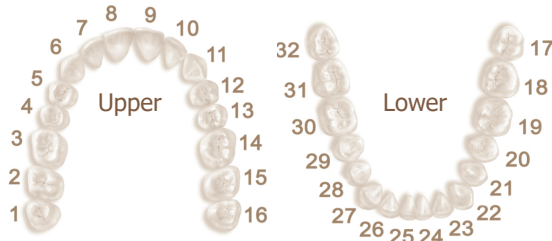
TOOTH #: _____

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

FULL DENTURES

- Standard
- Premium

ACRYLIC PARTIALS

- Flipper (1 Tooth)
- Stayplate* (2-5 Teeth)
- Acrylic Partial* (6+ Teeth)

*Includes wire clasps

IMMEDIATES

- Extract All
- Extract tooth # _____

BITESOFT SPLINT THERAPY

- (Upper Arch only)
- Anterior Splint Full Arch

SELECT MATERIAL:

- Dual Laminate
- Thermo-lined

CAST METAL PARTIALS

- Cast Metal (Chrome Cobalt)
- Vitallium 2000

COMBO PARTIALS

- Cast Metal Frame
- w/Flexible Saddles/Clasps

NIGHT GUARDS

- Hard Soft
- Hard/Soft

CLASP DESIGN

- Lab Select RPI
- Roach Akers

SPORTS GUARD

- Pro-Form Sports Guard

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

REDO: Yes No

ORIGINAL PRODUCT ENCLOSED: Yes No

TURNAROUND TIME	Days InLab ¹
Fixed	10
Removable	10
Implants*	10 ⁺

*Additional time maybe required to order parts.

¹Excludes 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.

RUSH SERVICES/FEES [^]	Days InLab
"Rush 25" - \$25 Per Unit/Per Arch	5

[^]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[^]

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.