



Send Your Cases to O-Tec Dental Today!

LABORATORY (800) 536-6832	City:
2851 West 120th Street, Suite E #217, Hawthorne, CA 90250 Main (310) 220-6240 / Fax (310) 745-5683 otecdentallab.com • customerservice@otecdentallab.com	Phone:  Dr. Signature^:
IMPORTANT: Please call ahead to arrange Rush cases.	Dr. Signature*.
CROWN & BRIDGE	SPECIAL INSTRUCTIONS
SELECT: CROWN BRIDGE INLAY/ONLAY VENEER	TOOTH #:
ZIRCONIA  PORCELAIN TO METAL  FULL CAST  Non-Precious  Zirconia Aesthetic ML  Layered Zirconia (PFZ)  Yellow Gold HN  Yellow Gold HN	SHADE: STUMP SHADE:  CIRCLE TEETH / ARCH
ALL-CERAMIC       □ COMPOSITE       □ Rest       □ Wing         □ Lithium Disilicate       □ TEMPORARIES       □ Diagnostic Wax-up	7 8 9 10 6 11 32 5 Upper 12 31 Lov
IMPLANTS (Servicing All Major Implant Brands)  FCZ & Titanium Abutment Bundle (Crown, Abutment, Screw, Analog, Tissue Model, Labor)  CUSTOM/SELECT ABUTMENT:  Stock Abutment  Custom Abutment  Size  Parts Supplied by Doctor  Manufacturer	3 14 29 15 28 16 27 26 25
BUCCAL MARGIN  Porcelain Butt Margin  360° Porcelain Butt Margin  Medium  None	
METAL DESIGN  No Mtl. 360 Mtl. Metal Metal Mtl. Occl. Mtl. Occl. Collar Collar Lingual Lingual Excl. Buccal Incl. Buccal	
Anterior Collar Cusp. Cusp.  PONTIC DESIGN  Full Modified No No Point Ovate Ridge Ridge Ridge Contact Contact	
OCCLUSAL CLEARANCE CONTACT IF INSUFFICIENT ROOM:  Light	REDO: Yes No ORIGINAL PRODUCT ENCLOSED: Yes

	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^:			
		First Last	

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ignature^:	Patient's Name:	Last M F
SPECIAL INSTRUCTIONS	REMO	VABLE
отн #:	☐ DIGITAL ☐ FULL DENTURE	☐ PARTIAL ☐ UNILATERAL
ADE: UMP SHADE:	☐ Ethnic ☐ Wax Try-ir ☐ Frame Try	(One Stage)  losed Frame  n W/Teeth -in
CIRCLE TEETH / ARCH	Final Proc	9SS 
7 8 9 10 6 11 32 17	NON-METAL PARTIALS    Flexible Partial	FULL DENTURES  Standard
Upper 12 31 Lower 18 19	ACRYLIC PARTIALS  ☐ Flipper (1 Tooth)	☐ Premium  IMMEDIATES
14 29 20 15 28 21	Stayplate* (2-5 Teeth)  Acrylic Partial* (6+ Teeth)	Extract All Extract tooth #
16 27 <sub>26 25 24</sub> 23 <sup>22</sup>	*Includes wire clasps	BITESOFT SPLINT THERAPY
_	CAST METAL PARTIALS	(Upper Arch only)
☐ REDO CASE	☐ Cast Metal (Chrome Cobalt) ☐ Vitallium 2000	☐ Anterior Splint ☐ Full Arch SELECT MATERIAL:
	COMBO PARTIALS	☐ Dual Laminate ☐ Thermo-lined
	Cast Metal Frame w/Flexible Saddles/Clasps	_
		NIGHT GUARDS  ☐ Hard ☐ Soft
	CLASP DESIGN  ☐ Lab Select ☐ RPI	☐ Hard/Soft
	☐ Roach ☐ Akers	SPORTS GUARD
	MAJOR CONNECTOR	☐ Pro-Form Sports Guard
	☐ Lab Select ☐ Full Palate ☐ Horseshoe ☐ Lingual Bar ☐ Palatal Strap	☐ Lingual Plate ☐ A-P Bar
	REMOVABLE EXTRAS  Wax Bite Block Custom T  Wax Bite Rim Bleach Ti Cusil # Rebase	,
REDO: Yes No ORIGINAL PRODUCT ENCLOSED: Yes No	CASE MATERIALS ENCLOSED: ☐ Impressions ☐ Bite Registrati REQUEST FREE SUPPLIES:	on

☐ Rx Forms

☐ Case Boxes

☐ FedEx Labels

Days InLab
10
10
10 <sup>+</sup>

<sup>\*</sup>Additional time maybe required to order parts.

**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.

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