



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

- ☐ 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

FULL DENTURES

- ☐ Standard
- ☐ Premium
- ☐ Digital

IMMEDIATES

- ☐ Extract All
- ☐ Extract tooth # _____

BITESOFT SPLINT THERAPY

(Upper Arch only)

- ☐ Anterior Splint ☐ Full Arch

SELECT MATERIAL:

- ☐ Dual Laminate
- ☐ Thermo-lined

NIGHT GUARDS

- ☐ Hard ☐ Soft
- ☐ Hard/Soft

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 [†]
Fixed	10
Removable	10
Implants*	10 ⁺

*Additional time maybe required to order parts.

[†]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.

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.