



COSTA RICA DENTAL LAB

www.viaxdental.com 1844-842-9522

"Tomorrow's technology...Today"

DATE: _____
ACCOUNT NUMBER: _____
DOCTOR NAME: _____
LICENSE NUMBER: _____
TELEPHON NUMBER: _____
EMAIL: _____

PATIENT NAME: _____
AGE: _____ SEX: _____
DUE DATE: _____
PATIENT APPOINTMENT: _____ TIME: _____
TRY IN DATE: _____ TIME: _____

ENCLOSURES:

We recommend to include study models and photos of the cases that involve anterior teeth.

- Impressions Model Bite Registration Photos

Others: _____

First select your material of choice next the type of product you want to fabricate. Writing on the space the tooth number that will be restored.

PRODUCT:

IPS.Emax (E)

- Veneers Crowns Bridge Onlays Inlays

Zirconia (Zr)

- Crowns Bridge Onlay/Inlay

Porcelain fused to semi precious metal

- Crowns Bridge

Porcelain to Zirconia (PZr)

- Crowns Bridge

Yellow Noble (YM)

- Crowns Bridge Onlays Inlays

Full Cast Yellow Nobel

- Crowns Bridge Onlays Inlays

Service

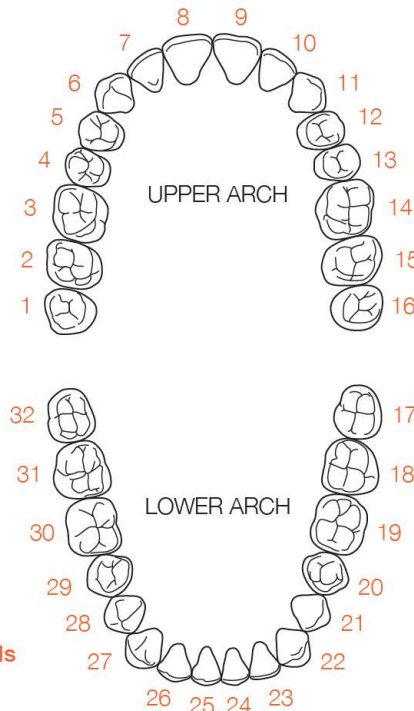
- Diagnostic Wax Model Scanning Spider Veneer Cement Guide

Semi precious (WN)

- Crowns Bridge Onlays Inlays

FIRST FIT (FF) Please check the box on your right for the FF details

- Removable Full Arch Removable Partial Arch Design & Crown Design & Bridge



SPECIAL INSTRUCTIONS:

- Call me before proceeding with case.

Doctor signature: _____

DESIGN:

Anterior lingual surface



Pontic

- Full Ridge Oval Ridge Lap Sanitary

Smile

- Natural Mature Young Smile Hollywood

Occlusion:

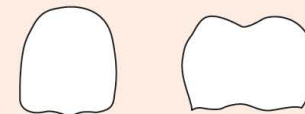
- Reduce Oposing Vertical Dimension Overbite Overjet Adjust Preparation

Will opposing teeth be restored in the near future?

- Yes No

FINISH DETAILS:

Map Color



Occlusal Staining Translucency

- None Light Medium Dark Light Medium High

Posterior

- Full coverage Oclusion excluding buccal cusp Oclusion including buccal cusp

Margin

- Porcelain butt margin Metal-porcelain fused to metal Lingual Collar 360 metal hairline

FIRST FIT

Case description

- Upper Lower Total Partial Tooth# to Tooth# to

Treatment goals

- Cosmetic Opening of Occlusion Provisional Removable vertical

Occlusal Holes

- Upper None



Characterization

- Fracture lines Stains Descalcification Ideal Anatomy Anatomy like adjacent Texture Maintain Diastema Gum color

Shade: _____ Shade tab: _____

CREDIT CARD INFORMATION

FULL NAME: _____

STREET ADDRESS: _____

ZIP CODE: _____

PAYMENT METHOD:  Visa  Master Card  Discover

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

CARD SECURITY CODE: _____

TIME SCHEDULE

Viax Costa Rica Dental Lab normal business hours are Monday through Friday, 6:30 am to 4:30 pm (8:30 am to 6:00 pm US EASTERN).

STANDARD: 10-DAY

RUSH: 5- DAY (additional \$ 25 per unit)*

Note: Times shown do not include time in transit. Times do not include the day case is received or the day case is shipped. Combination cases may require a longer turnaround time. Call for details.

LAB USE ONLY

Date Received: _____

IMPRESSION VERIFICATION

Approved on: _____ Rejected on: _____

Called on: _____ By: _____

DENTIST CONSULTATION NO YES

Held on: _____ By: _____

DIGITAL DESIGN REQUESTED YES NO

Approved on: _____

UNIT VERIFICATION _____ By: _____

FINISH TOUCH _____ By: _____

*All prices listed are in US Dollars effective 09/01/2014 and subject to change without notice.
IPS e.max is a registered trademark of Ivoclar Vivadent. 10001 9/14

TERMS, WARRANTIES AND CONDITIONS

By submitting this RX to Viax Dental Technologies, The client agrees to abide by all terms and policies listed in this document. Viax Dental Technologies is not liable for consequential or incidental damages, including but not limited to, inconvenience, lost wages, chair-time, or pain and suffering.

TERMS

- Invoices will be sent with each individual finished case.
- Payment terms are NET 30.
- Amounts not paid within the stated terms will be subject to COD status and a late charge of 1.5% of unpaid balance.
- A 2% discount will be applied if a credit card is on file and the account can be automatically charged on the 15th and 30th of each month.
- A \$50 charge will be applied in the case of returned checks.
- All disputes shall be governed by Florida law, with the prevailing party to recover all fees and expenses.

WARRANTIES

Viax Dental Technologies warranties that all dental devices are made in accordance with your specifications. If a device is returned, we will replace or repair the device at no charge in accordance with the following conditions:

- Porcelain fused to metal and full cast metal restorations 5 years from date of delivery by us.
- Full porcelain veneers, crowns, in/onlays 5 years from the date of delivery by us.
- For other products not listed, the implied warranty 90 days from the date of delivery by us.

REMAKES

If we accept the dental impression, our work is guaranteed according to the terms outlined above. If we ask for another impression and you ask to proceed anyway, any remake will be at full charge. In order for remakes to be warranted, the dental device, original molds and impressions must be returned to us, otherwise, a 50% charge will be assessed.

New case will be billed if remake is required due to any of the following:

- There is a shade or product change different from the original request.
- Lab questioned die, margin, impression or bite and was advised to complete the case

***** All warranty terms and conditions are subject to change *****

DISCLOSURE

In accordance with Florida Law, we hereby disclose that products may be manufactured in Costa Rica. All materials used in the fabrication of the dental devices are approved by the FDA with countries of origin being the United States and other countries in Europe.

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