

Patient Name: _____ ☐ Please call before proceeding with case. « *May modify due date!* ☐ Redo (Specify Reason) _____

RX Date: _____ **Due Date:** _____ *Add 10 working days from date case received.* ☐ Previous Case # _____

FIXED RESTORATIONS

Porcelain to Metal

Design

- ☐ 360° Metal Margin (____mm) ☐ Metal Island
☐ No Metal Showing ☐ Metal Occlusal*
☐ Porcelain Butt Margin* (90° Shoulder Required) ☐ Design for future partial*
☐ Fit to existing partial*

- ☐ Non-precious ☐ Semi-precious ☐ Captek™
☐ High Noble ____40% ____52%* ____75%* ____86%*

Full Metal

- ☐ Non-precious ☐ Semi-precious ____2% yellow gold
☐ High Noble ____52%* ____75%*

Metal-Free

Milled Crowns (CAD/CAM)

- ☐ Z Crown™ Solid ☐ 3-Day** ☐ 5-Day**
☐ IPS e.max® CAD ☐ 1-Day** ☐ 3-Day** ☐ 5-Day**
☐ Z Crown™ Plus (Full Zirconia, Porcelain Layered Surface)
☐ Z Crown™ (Porcelain Layered Zirconia)
☐ Z Crown™ Anterior (Esthetic Zirconia)

Pressed Restorations

- ☐ IPS Empress® Esthetic ☐ IPS e.max® Press
☐ Veneer ☐ Veneer
☐ Crown ☐ Crown

Miscellaneous

- ☐ Night Guard ____ upper ____ lower
☐ Hard ☐ Soft ☐ Combo ☐ Flat Occlusal

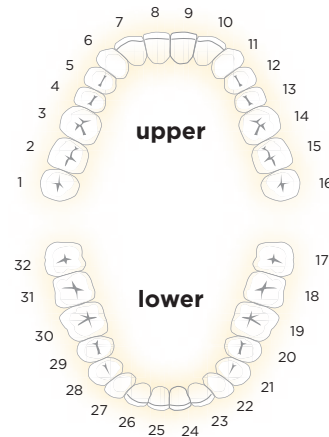
Provisional temps

- ☐ Standard ☐ Wire Reinforced ☐ Milled

Diagnostic Wax Up

- ☐ Single Unit ☐ Full Arch Number(s) _____

Permanent Teeth Diagram



Pontic Design



Occlusion

- | | | |
|---|---------------------------------|----------------------------------|
| If No Clearance | Staining | Contact |
| <input type="checkbox"/> Metal Occlusion | <input type="checkbox"/> None | <input type="checkbox"/> 0.1mm |
| <input type="checkbox"/> Reduction Coping | <input type="checkbox"/> Light | <input type="checkbox"/> 0.3mm |
| <input type="checkbox"/> Spot Opposing | <input type="checkbox"/> Medium | <input type="checkbox"/> 0.5mm |
| <input type="checkbox"/> Call Before Proceeding | <input type="checkbox"/> Dark | <input type="checkbox"/> Centric |

Shade Tab

System: _____
Shade: _____
☐ Match Enclosed Tab

Implant System

Brand: _____
Size: _____
Length: _____

Custom Staining + Characterization*

Gingival _____
Body _____
Incisal _____
Stump Shade _____



« Required for all anterior pressed restorations.

REMOVEABLE RESTORATIONS

Design ☐ Upper ☐ Lower

- ☐ Standard ☐ Unilateral ☐ Nesbit ☐ Duplicate Model ☐ Immediate
☐ Bayshore Upgrade Teeth* ☐ Premium Teeth* ☐ Lucitone Acrylic*

Bayflex™

	Frame	BBlock	TryIn	Finish
<input type="checkbox"/> Bayflex™ Hybrid w/chrome cobalt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bayflex™ Hybrid w/Vitallium® 2000+*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bayflex™ Basic Flexible Partial		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bayflex™ Single tooth/Flipper		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Partial Dentures

<input type="checkbox"/> Conventional w/chrome cobalt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Conventional w/Vitallium® 2000+*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Acrylic Partial

<input type="checkbox"/> Flipper (1 tooth)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stay Plate (2-5 teeth)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Acrylic Partial (6+ teeth)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dentures

<input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Immediate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Custom Tray		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Removable Options

- Tissue Shade: ☐ Clear ☐ Light Pink ☐ Pink ☐ Md Meharry ☐ Dk Meharry
☐ Reline/Repair* ☐ Bayflex™ clasps* ☐ Add Teeth* ☐ Name on Denture*

Dr. Signature: _____

Client agrees to all terms & conditions specified on reverse of form

License #: _____

BAY-MLI 2015

COMMENTS

*Additional fee may apply. *Days in lab

Enclosures ☐ Photo(s) ☐ Impression ☐ Models ☐ Bite Other: _____

Shipping ☐ Standard \$7 ☐ 2nd Day \$10 ☐ Next Day \$20

Terms, Warranties and Conditions

CLIENT AGREEMENT

By submittal of this Rx to Bayshore Dental Studio, I agree to abide by all terms and policies listed. Bayshore is not liable for incidental or consequential damages, including inconvenience, lost wages, chair-time, or pain and suffering.

TERMS

Invoices will be sent with each finished case. Statements are issued and mailed at the end of each month. Payment terms are Net 30 with approved credit. 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. We accept Visa, Master Card, Discover, and American Express.

A 1.5% charge per month (annual 18%) will be added to all accounts past 30 days. Orders on past due accounts will be shipped COD for the amount of the invoice and any past due amounts. A \$50 charge will apply 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

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

- A. Porcelain fused to metal and full cast metal restorations 5 years from date of delivery by us.
- B. Full porcelain veneers, crowns, in/onlays 5 years from the date of delivery by us.
- C. Removables for 1 year if failure is due to materials or workmanship.
- D. For other products not listed, the implied warranty is 90 days from the date of delivery by us.

REMAKES

If we accept your impression, our work is guaranteed according to the terms outlined above. If we ask for a new impression and you ask us to proceed anyway, any remakes will be at full charge.

In order for remakes to be warranted as stated above, the dental device, original molds and impressions must be returned to us. We will assess a 50% charge if these items are not returned. If you choose to use the original device as a temporary, intending to return it to us when the replacement is delivered, please let us know on the Rx.

DISCLOSURE

In accordance with Florida law, we hereby disclose that products may be manufactured in the U.S., Mexico, or China. All materials used in the fabrication of dental devices are approved by the ADA and the FDA with the countries of origin being the United States and Europe.

Dental restorations are manufactured in the USA by Bayshore Dental Studio LLC, 501 E Jackson St. Tampa, FL 33602 ("manufactured" defined pursuant to 21 C.F.R. 803.3; 806.2(g); 807.3(d); and 820.3(o)) Bayshore Dental Studio is a full-service dental laboratory with the following memberships and registrations / certifications: FDA registration #3004773826 and National Association of Dental Labs (NADL) #012140. One or more of Bayshore Dental Studio's FDA registered third-party domestic and international providers may have contributed to the manufacture of the dental restoration or a component thereof, and may qualify as a point of origin for a portion of the dental restoration (19 C.F.R. 134.1(d)). The FDA establishment registration numbers for our third-party providers are 3003919865, 3004120027, and 3008520622. Refer to the accompanying list of materials and the corresponding point of origin for materials disclosure. If you would like additional information, please contact us at: mail@bayshoredentalstudio.com or call 877-954-6243

Name of Company	Product Name	Used For	Country of Origin
Dentsply	Mealloy	Non precious metal	USA
Argen	Argeline 54	Noble metal	USA
Argen	Argedent 52	High noble metal	USA
Argen	Argedent 75	High noble metal	USA
Argen	Argenco 52	High noble metal	USA
Pentron	PenceramP54B	Noble metal	USA
Pentron	PenceramP52	High noble metal	USA
Pentron	Penceram75YA	High noble metal	USA
Argen	Captek	High noble metal	USA
Ivoclar-Vivadent	IPS Inline	Porcelain crowns	Liechtenstein
Ivoclar-Vivadent	Classic	Porcelain crowns	Liechtenstein
Ivoclar-Vivadent	IPS e.max	Porcelain crowns	Liechtenstein
Ivoclar-Vivadent	Empress	Porcelain cronws	Liechtenstein
Vident	VM7 + Alpha	Porcelain crowns	Germany
Noritake	Cerabien	Porcelain crowns	Japan
Dentsply	Ceramco 3	Porcelain crowns	USA
Dentsply	Vitalium 2000+	Metal partials	USA
Mountain-Medico	PD Cast A-H	Metal partials	USA
Dentsply	QC 20	Denture acrylic	USA
Dentsply	Lucitone	Denture acrylic	USA
Dentsply	Portrait	Acrylic teeth	USA
Dentsply	Classic	Acrylic teeth	USA
Dentsply	Bioform	Acrylic teeth	USA
Ivoclar-Vivadent	Blue Line	Acrylic teeth	Liechtenstein
TCS	Unbreakable	Flexible partial	USA
Bayshore	Bayflex	Flexible partial	USA
DLMS	Crystal Diamond	Zirconia	USA
Bayshore	Z Crown	Zirconia crowns	USA
Harvest Dental	Z-CAD Temp	Milled PMMA	Brazil