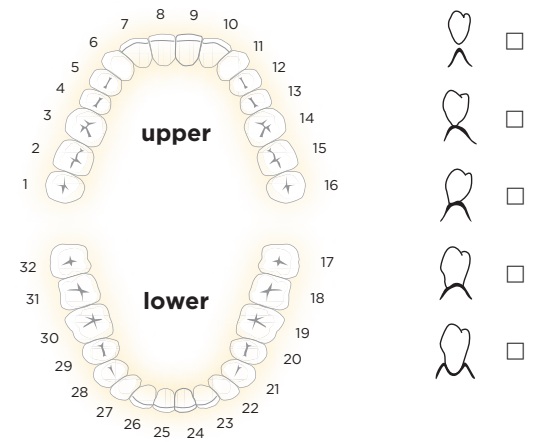


Patient Name: _____ Please call before proceeding with case. « *May modify due date!* Redo (Specify Reason)
RX Date: _____ **Due Date:** _____ *Fixed and removable cases are 10 business days turnaround time**.* Previous Case # _____

| FIXED RESTORATIONS | |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Porcelain to Metal | |
| Design | |
| <input type="checkbox"/> 360° Metal Margin (___mm) | <input type="checkbox"/> Metal Island |
| <input type="checkbox"/> No Metal Showing | <input type="checkbox"/> Metal Occlusal* |
| <input type="checkbox"/> Porcelain Butt Margin* <i>(90° Shoulder Required)</i> | <input type="checkbox"/> Design for future partial* |
| | <input type="checkbox"/> Fit to existing partial* |
| <input type="checkbox"/> Non-precious <input type="checkbox"/> Semi-precious* | |
| <input type="checkbox"/> High Noble ___40%* ___52%* ___75%* ___86%* | |
| Full Metal | |
| <input type="checkbox"/> Non-precious <input type="checkbox"/> Semi-precious ___2% yellow gold* | |
| <input type="checkbox"/> High Noble ___40%* (white) ___52%* (yellow) ___75%* (yellow) | |
| Metal-Free | |
| Zirconia Restorations | |
| <input type="checkbox"/> Z Crown™ Solid <i>(Full Contour Zirconia)</i> | |
| <input type="checkbox"/> Z Crown™ Plus <i>(3/4 Zirconia, Porcelain Layered Surface)</i> | |
| <input type="checkbox"/> Z Crown™ Layered <i>(Porcelain Layered Zirconia)</i> | |
| <input type="checkbox"/> Z Crown™ Anterior <i>(High Translucency Full Contour Zirconia)</i> | |
| Lithium Disilicate Restorations | |
| <input type="checkbox"/> IPS e.max® Press | <input type="checkbox"/> IPS e.max® Layered |
| <input type="checkbox"/> Veneer | <input type="checkbox"/> Veneer |
| <input type="checkbox"/> Crown | <input type="checkbox"/> Crown |
| Miscellaneous & Ortho | |
| <input type="checkbox"/> Provisional Temps ___ Standard ___ Wire Reinforced | |
| <input type="checkbox"/> Diagnostic Wax Up ___ Waxed ___ Printed | |
| <input type="checkbox"/> Night Guard ___ Hard ___ Soft ___ Hard/Soft Combo | |
| <input type="checkbox"/> Essix Retainer <input type="checkbox"/> Hawley Retainer <input type="checkbox"/> Nance Appliance | |
| <input type="checkbox"/> Space Maintainer ___ Unilateral ___ Bilateral | |
| <input type="checkbox"/> ClearFit Aligners ___ 3x3 ___ 5x5 ___ 7x7 | |

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 | Implant System |
|---------------------------------------------|----------------|
| System: _____ | Brand: _____ |
| Shade: _____ | Size: _____ |
| <input type="checkbox"/> Match Enclosed Tab | Length: _____ |

Custom Staining + Characterization*

Gingival _____
 Body _____
 Incisal _____
 Stump Shade _____

« Required for all anterior pressed restorations.

| REMOVEABLE RESTORATIONS | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|------------------------------------|
| Design | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower | | |
| <input type="checkbox"/> Standard | <input type="checkbox"/> Unilateral | <input type="checkbox"/> Nesbit | <input type="checkbox"/> Duplicate Model | <input type="checkbox"/> Immediate |
| <input type="checkbox"/> Ivoclar Upgrade Teeth* <input type="checkbox"/> Portrait IPN Teeth* <input type="checkbox"/> Lucitone Acrylic* | | | | |
| Bayflex™ Partial Dentures | Frame | Bite Rim | Try-In | Finish |
| <input type="checkbox"/> Baydent Ultraclear Frame Partial | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <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 Partial | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cast Metal Partial Dentures | | | | |
| <input type="checkbox"/> Conventional Acrylic w/chrome cobalt | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Conventional Acrylic w/Vitallium® 2000 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Acrylic Partials | | | | |
| <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"/> |
| Full Dentures | | | | |
| <input type="checkbox"/> Conventional Acrylic | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Baydent Unbreakable | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Removable Options | Tissue Shade: <input type="checkbox"/> Clear <input type="checkbox"/> Light Pink <input type="checkbox"/> Pink <input type="checkbox"/> Md Meharry <input type="checkbox"/> Dk Meharry | | | |
| <input type="checkbox"/> Reline <input type="checkbox"/> Bayflex™ Clasp <input type="checkbox"/> Add Teeth <input type="checkbox"/> Add Name* <input type="checkbox"/> Custom Tray | | | | |

Dr. Signature: _____
Client agrees to all terms & conditions specified on reverse of form
License #: _____

COMMENTS

*Additional fee applies. **Implant cases are 15 business days turnaround time. **Enclosures** Photo(s) Impression Models Bite Other:

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 beginning 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 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 due 30+ days. 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

Crown and Bridge

PFM, full cast metal, zirconia*, lithium disilicate*: five years from date of delivery if failure is due to materials or workmanship.

*Veneer cases are not covered under this warranty.

Removables

All removable products: one year from date of delivery if failure is due to materials or workmanship.

Gold denture teeth/specialty teeth: no returns or exchanges.

Implants

Implant parts: lifetime warranty on all implant parts (abutments, TI base, screw).

Fixed restorations: five years from the date of delivery if failure is due to materials or workmanship.

Removable restorations: one year from date of delivery if failure is due to materials or workmanship.

For other products not listed, the implied warranty is 90 days from date of delivery if failure is due to materials or workmanship.

REMAKES

If we accept your materials, our work is warrantied according to the terms outlined above. In order for remakes to be warrantied as stated above, the dental device, original molds, and impressions must be returned to us within 30 days of fabrication. 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.

These crown and bridge remakes will be charged as a new case: material type changes, shade changes if original crown was made to the Rx instructions, new impression or scan sent with prep changed, any case we are instructed to "proceed as is."

These removable remakes will be charged as a new case: case was fabricated on office supplied models, material type changes, immediate placement dentures/partials (charge for relines), straight to finish cases replacing more than four teeth (no warranty on bite), new size, shape or shade of denture teeth is chosen, any tissue shade changes (if original was made to Rx instructions or default shade, a rebase fee will be assessed), any case we are instructed to "proceed as is."

These implant remakes will be charged as a new case: implant information/parts provided were incorrect, material type changes, shade changes if original crown was made to Rx instructions, new impression sent, any case we are instructed to "proceed as is."

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 |
|--------------------|-----------------|-----------------------|-------------------|
| Argen | NP Supreme | Non precious metal | USA |
| Argen | Argelite 54B | Noble metal | USA |
| Argen | Argenco Y+ | Noble metal | USA |
| Argen | Argedent Euro | High noble metal | USA |
| Argen | Argedent 52 | High noble metal | USA |
| Argen | Argedent 75 | High noble metal | USA |
| Argen | Argedent 90 | High noble metal | USA |
| Argen | Argenco 40 | High noble metal | USA |
| Argen | Argenco 56 | High noble metal | USA |
| Argen | Argenco 75 | High noble metal | USA |
| Ivoclar-Vivadent | IPS e.max | Porcelain crowns | Liechtenstein |
| Ivoclar-Vivadent | E-max Ceram | Porcelain crowns | Liechtenstein |
| Kuraray | Noritake EX-3 | Porcelain crowns | Japan |
| Kuraray | Noritake CZR | Porcelain crowns | Japan |
| Dentsply | Ceramco 3 | Porcelain crowns | USA |
| Qinhuangdao Aidite | Aidite | Zirconia crowns | China |
| Austenal, Inc | Vitallium 2000+ | Cast frameworks | USA |
| Mountain-Medico | PD Casta H | Cast frameworks | USA |
| Dentsply | QC 20 | Denture acrylic | USA |
| Dentsply | Lucitone 199 | Denture acrylic | USA |
| Dentsply | Portrait IPN | Acrylic teeth | USA |
| Ivoclar-Vivadent | Gnathostar | Acrylic teeth | Liechtenstein |
| Yamahachi | New Age | Acrylic teeth | China |
| TCS | Unbreakable | Flexible partial | USA |
| TCS | Karedent | Clearframe | USA |
| Erkodent | Erkodur | Hard nightguards | Germany |
| Erkodent | Erkoflex | Soft nightguards | Germany |
| Erkodent | Erkoloc-pro | Hard/soft nightguards | Germany |
| Yamahachi | PMMA Disk | Temporary crowns | China |
| Biolon | Biolon | Clear retainer | Germany |

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, Europe, and Asia.