



VITALITY
DENTAL ARTS

Dr. Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

DATE DUE _____

By 5:00 PM

LAB USE

Toll Free 800-399-0705 www.vitalitydentalarts.com

Patient Name _____ Male Female Age _____

First

Last

R_x CASE INSTRUCTIONS:

ALL CERAMICS

- Vitality Solid Zirconia
- Vitality Esthetic Zirconia
- Vitality Layered Zirconia
- Emax

PFM's

- Non-Precious
- Noble
- High Noble

FULL CAST METAL

- Non-Precious
- Yellow Noble
- White Noble
- Yellow High Noble
- White High Noble

CEMENT-RETAINED IMPLANTPACKS

- Cement-Retained VITALITY ImplantPack
- Cement-Retained ATLANTIS ImplantPack
- Cement-Retained 3i Encode Empowered ImplantPack
- Cement-Retained Authentic Brand ImplantPack

CHOOSE ABUTMENT Titanium Abutment Zirconia Abutment w/ titanium interface

SCREW-RETAINED IMPLANTPACKS

- Screw-Retained VITALITY ImplantPack
- Screw-Retained ATLANTIS ImplantPack
- Screw-Retained 3i Encode Empowered ImplantPack
- Screw-Retained Authentic Brand ImplantPack

REMOVABLES

- Denture
- Flexible Partial
- Flipper
- Custom Tray Occlusion Rim
- Wax Setup try-in Finish

METAL PARTIALS

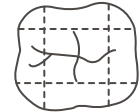
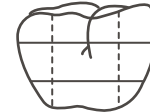
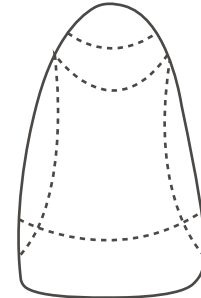
- Vitallium 2000
- Vitallium 2000+
- Flexible/Vitallium Combination
- Lab select complete design
- Frame try-in
- Frame w/ occlusion rim try-in
- Frame w/ setup try-in
- Finish

NIGHT GUARDS / BITE SPLINTS

- Upper Lower
- Comfort H/S (hard/soft)
- Comfort Hard
- Comfort Soft

Tooth #: _____ Shade: _____

CHARACTERIZATION



OCCUSAL STAINING

None Light Medium Dark

PONTIC DESIGN



PLEASE SEND MORE:

- Lab Slips Boxes
- Shipping Labels

Signature _____ Date _____ License # _____

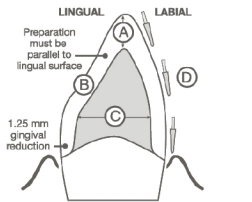
LAB USE ONLY

Pan Number _____ Date Received _____ Received By _____

Full	Quadrant	Triple	Opposing Model	Study Model	Working Model	Diagnostic Wax Model	Bite	Stick Bite
Face Bow	Dr's Articulator	Metal Articulator	Articulator Box	Pick-up Imp. w/ Crown In	Original Finned Model	2nd, 3rd Solid Model	Old Impression	Crown/Bridge
Imp. Coping	Imp. Coping Screw	Lab Analog	Plastic Burnout Coping	Abutment	Implant Screw	Soft Tissue	Wax Post Core	Post Core
Denture	Partial	Denture Teeth	Wax Rim	X-ray	Photo	Memory Card	CD	Shade Tab
ERA Attachment	Jig	Locators						

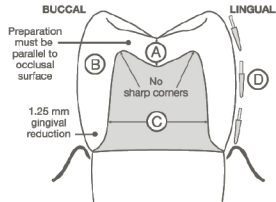
PREPARATION GUIDELINES

PFM ANTERIOR



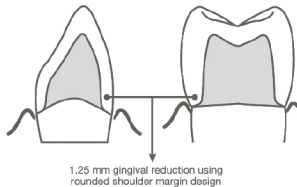
- A. 2 mm incisal reduction
- B. 1.5 mm middle third reduction
- C. Labial and lingual walls must be convergent
- D. Preparation should be cut in three planes

PFM POSTERIOR



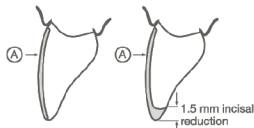
- A. 2 mm occlusal reduction
- B. 1.5 mm middle third reduction
- C. Buccal and lingual walls must be convergent
- D. Preparation should be cut in three planes

PFM — PORCELAIN LABIAL OR 360° MARGIN



1.25 mm gingival reduction using rounded shoulder margin design

ALL-CERAMIC/COMPOSITE VENEERS



A. 0.3 to 1 mm labial reduction

INLAY



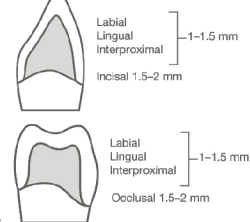
- A. 1.5 to 2 mm occlusal reduction
- B. Round all sharp line angles, occlusal edges and eliminate undercuts.
- C. Proximal and occlusal walls should have 6-8 degrees taper.

ONLAY



- A. 1.5 to 2 mm occlusal reduction
- B. Round all sharp line angles, occlusal edges and eliminate undercut.

ALL-CERAMIC/COMPOSITE CROWNS



TERMS AGREEMENT

These Terms and Conditions are made effective by the customer set forth on the reverse hereof ("Dentist") submitting this form ("Agreement") to Vitality Dental Arts, an Illinois Corporation ("VITDA"). The ("Dentist") agrees to a contract for the sale and delivery of the specially fabricated goods mentioned herein ("Goods").

1. Dentist agrees to pay in full the stated price of Goods within 30 days after the date of the statement. All balances remaining past such date will incur a 10 % yearly finance charge. Accounts not paid within the stated terms will be subject to C.O.D. status.
2. Any and all attachments, including but not limited to prescriptions, modifications, diagrams, photographs, models or instructions of any sort, will be incorporated into this Agreement, unless VITDA objects. Should the Dentist cancel any order submitted before shipment, the Dentist shall pay for any loss or damage to VITDA.
3. Dentist must completely clean all blood and saliva from all materials used in the mouth, and must disinfect all of these items before sending them to VITDA and again when returned from VITDA before placement in patient's mouth.
4. The Dentist has the right to inspect Goods prior to acceptance. If Goods are not returned to VITDA within 10 business days, this will mean acceptance of Goods. Other forms of acceptance shall include, but not limited to, cementing of Goods in the mouth, requesting shade changes, or modification of preparations, bites or designs.
5. Should the Dentist request remake of Goods, Dentist agree to resubmit all original Goods including but not limited to original impressions, models and restorations to VITDA. VITDA must have original Goods to evaluate possible restoration replacement or repair cost to Dentist and to determine if original Goods is repairable or requires remake of Goods.
6. Should Dentist return nonconforming Goods and such nonconformance is the fault of the Dentist, Dentist must give VITDA the opportunity to provide conforming Goods within a reasonable time and bear the burden of all related costs, including but not limited to the costs of Goods and shipment. Should Dentist return nonconforming Goods and such nonconformance is the fault of VITDA, Dentist must give VITDA the opportunity to provide conforming Goods within a reasonable time at the original stated price. Should Dentist return nonconforming Goods and the nonconformance is the fault of both Dentist and VITDA or fault is difficult to determine, Dentist must give VITDA the opportunity to provide conforming Goods within a reasonable time and the costs of remaking or replacing Goods and all related shipment expenses are to be divided in proportion and shall determine allocation. VITDA shall also determine whether Goods conforms.
7. Should VITDA fail to provide conforming Goods in a reasonable time, Dentist's options are limited to the return of the goods and repayment of the stated price or to repair and replace of nonconforming Goods by VITDA.
8. The parties to this Agreement shall be governed by and be construed in accordance with the laws of the United States and the State of Illinois without giving effect to the conflicts of laws provisions thereof. The parties further agree that any and all actions that may arise under this Agreement, shall be exclusively in the Courts of the United States of the State of Illinois located in the County of Cook, State of Illinois.
9. If any terms of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, then this Agreement, including all of the remaining terms, will remain in full force and effect as if such invalid or unenforceable term had never been included.
10. The Dentist agrees to pay all legal and collection costs in the event of suit, including reasonable attorney fees.

FOR LAB USE ONLY TELEPHONE CALL RECORD

DR. _____ ACCT# _____

RE: _____

RESULT _____

DATE DUE IN OFFICE _____

DATE OF CALL _____ INITIAL _____