Dr. Name	Acct.#			
Patient Name _		Last	☐ Male ☐ Female Age	
		Bite □ Photos □ Other:		
WEB R	NOTE: Please send a study model on all work involving anterior teeth. □ IPS e.max	\$30 off IPS e.max * C L F B 8 2 *	TOOTH NUMBER 8 9 10 11 12 13 13 14 15 17 16 16 17 18 18 18 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19 19 1	
Signature	(see reverse for limited warra	License # nty details)		□Li _{
Special IPS	e.max Rx Offer*			
1. Carefully package your case, including this Rx, and tape box securely closed.				INI

- 2. To schedule shipping pickup, call us at 888-336-1301.
- 3. Send this Rx with your next IPS e.max case to save \$30 per unit (up to 3 units). List price is \$99 per unit, so you'll pay just \$69* per unit with this offer.

Offer expires May 31, 2019. *Price does not include round-trip shipping or applicable taxes. Limit one specially priced Rx per case. Web offer can only be used a maximum of four times per account. Special pricing not valid with any other offer.



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FINAL SHADE Indicate Shade Here

SENT TOOTH OR STUMP SHADE



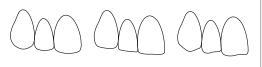
Indicate Shade Here

OCCLUSAL STAINING

ght** □Med □Dark □None

tandard unless specified otherwise

INCISAL SHAPE INSTRUCTIONS



□ Rounded

□ Squared

□ Pointed

IN-LAB WORKING TIME

Please allow full working time for each product selected. Working times are not guaranteed and do NOT include weekends or holidays.

Rush service available on most products but must be prescheduled.

All rush cases must be prescheduled by calling 888-336-1301 before the case is shipped. Time of pickup and delivery may affect turnaround time.

TERMS AND WARRANTY INFORMATION

We honor VISA, MASTERCARD, AMEX and DISCOVER.

TERMS: All accounts are payable within 30 days of statement date. **Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance.** Prices subject to change without notice. Rx must be enclosed with original case submission.

LIMITED WARRANTY/LIMITATION OF LIABILITY. DigiTech Dental Restorations ("the lab") warrants that all dental devices (a "device") are made according to your specification and approval in the belief that the device will be useful and MAKES NO OTHER WARRANTIES INCLUDING, BUT NOT LIMITED TO, ANY IMPLIED WARRANTY OF MER-CHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. Subject to the return of a device that is placed and then fails, the lab will repair or replace the device without charge for the cost of materials and workmanship or refund the original price paid, at the lab's option, as follows: (1) screw-retained implant abutments up to 20 years (including replacement of a device that was made by the lab that was attached to said abutments and including an Inclusive® Tapered titanium dental implant upon request at no extra charge); (2) other all ceramic (including screw-retained zirconia crowns), up to seven years; (3) thermoformed appliances and splints if the failure is due to defects in materials or workmanship, up to six months; and, all other dental devices up to 30 days if the failure is due to defects in materials or workmanship. This Warranty is exclusively for your benefit, is not transferable and does not extend to any patients. You agree to pay all other costs of adjustment, repair and replacement of a device. Except where prohibited by law, the lab WILL NOT BE LIABLE FOR ANY LOSS OR DAMAGES ARISING FROM THE USE OF A DEVICE, WHETHER DIRECT, INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL, regardless of the theory asserted, including warranty, contract, negligence or strict liability and if such disclaimer is not permitted by law, the duration of any implied warranty is limited to 90 days from the date of delivery. In the event of a dispute and absent an amicable resolution the parties mutually agree to waive class actions in favor of mandatory individual arbitration of claims under this limited warranty in and in accordance with the laws of Florida. The lab does not guarantee the performance of independe

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