

Dr. Name _____ Phone # _____

Acct. # _____ Patient ID/Name _____
First Last

Address/Email _____ Deliver by 5pm on _____

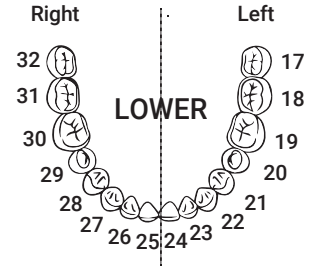
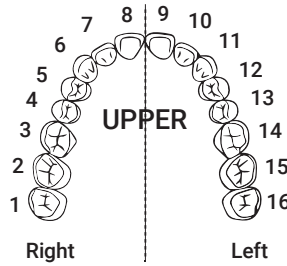


SPECIFIC INSTRUCTIONS

PLEASE FILL PRESCRIPTION OUT COMPLETELY TO AVOID ANY DELAYS IN PROCESSING*

Implant System _____
(If applicable)

Implant Diameter _____ mm



FINAL SHADE

STUMP SHADE

Must indicate prepped tooth



Signature _____

License _____

Date ____ / ____ / ____

Submission of the Rx constitutes agreement with company policy, warranty terms and conditions as stated on the back of this Rx.

Lab Use Only:

- Impressions
- Models
- Analog
- Bite
- Implant Parts
- Photos
- Other: _____

TERMS: FULL PAYMENT IS DUE UPON RECEIPT OF STATEMENT.

There will be a 2% per month service charge for any payment or portion thereof not received within the said 30 Days until payment is received in full. Your signature is acceptance of these terms. Each prescription must be completed and signed. Doctor will be responsible for costs related to the recovery of balances owed in case of collection, to include legal fees.

Our Turnaround Time

All Ceramic Restorations — 8 Business Days

All Implant Restorations — 10 Business Days

Removables — 10 Business Days

Large or complex cases may require more time.*

Price may change without any notice.*

Any Unique Shade please E-mail picture with shade guide to

info@oriondentalsolutions.com

Remember that deliveries are made by 5PM. Please do not schedule patient for the same day. Working times DO NOT include shipping days, weekends or Holidays. Time of pick-up and delivery may affect turnaround time. Fill-out Rx completely with Patient Name, Return Date and Shade. Enclose a bite and counter model. Please sign your RX. All rush cases must be prescheduled by calling 845-764-2324 before the case is shipped.

Limited Warranty / Limitation Of Liability For Dental Laboratory Services, Orion Dental Solutions

Provides dental laboratory services ("devices") and guarantees your complete satisfaction with the workmanship and materials of purchased. If, for any reason, the device is not acceptable at the time of receipt or at the time of insertion, we shall adjust, repair or replace the device at no charge. Simply return the device together with an explanation of the problem and your request for a device adjustment, repair or replacement. This device warranty does not apply to the sales to dental laboratories.

- Cosmetic porcelain/resin restorations, alloy restorations, all metal, single unit inlay, onlay and crown composite resin final prosthetics (excluding mutually opposing implant supported full arch bridge), and screw retained zirconia abutments with titanium interface - up to 5 years
- Dentures and partials including screw-retained dentures but excluding immediate and provisional dentures manufactured by the lab - up to 1 year if the failure is due to defects in the material or workmanship
- Composite resin bridges (excluding Maryland and inlay / onlay bridges) - up to 6 months
- Thermoformed appliances, provisionals, composite Maryland bridges, PMMA, nightguards and splints if the failure is due to defects in the materials or workmanship - up to 60 days
- Screw-Retained titanium abutments (excluding abutments with angulation greater than 20 degrees) and milled implant bars - lifetime warranty (if failure is caused by the failure of the dental implant abutment, a replacement of the implant abutment will be provided upon request as long as the clinician both meets the eligibility criteria and follows the claim procedures. UCLA warranty replacement with equivalent ceramic restoration - 5 years guaranteed)
- Immediate and provisional dentures, partials, flippers, retainers, surgical radiographic guides, and all other dental devices manufactured by the lab - up to 30 days if the failure is due to defects in the materials or workmanship.
- Nightguards - up to 30 days, with 1 free replacement for any reason including loss (if we can use your same digital information); After 30 days, we will replace it for 40% off (if we can use your same digital information; if not, it will be full price)
- Orthodontic, sleep and splint devices - up to 90 days

Device Warranties do not include nor apply to cash refunds, temporary replacements, costs incurred for removal or reinsertion, costs incurred by another laboratory, devices that have been previously repaired or altered from new, device damage or ill-fit due to accident, neglect or abuse, supporting bone, tooth or tissue failure dental changes or improper oral hygiene.

To Validate the Device Warranty, the following conditions must be met:

1. Original restoration alloy must be returned to the originating laboratory along with new completed work authorization.
2. The original work authorization, or evidence of original purchase, must be included along with a new completed work authorization and the device.

This warranty is in lieu of all other warranties either expressed or implied and may not be modified by an agent, employee or representative of the laboratory.