

DigiDent™

Dental Art Technology

(888) 444-0088

DR. NAME: _____

PHONE: _____

E-MAIL: _____

PATIENT NAME: _____

☐ CALL DOCTOR REGARDING CASE

☐ PLEASE SEND MORE LAB SLIPS

DUE DATE: _____

SHADE: _____

LICENSE #: _____

ACCOUNT #: _____

ZIRCONIA

☐ FULL ZIRCONIA

☐ PORCELAIN FUSED TO ZIRCONIA (PFZ)

IPS e.max®

☐ FULL CROWN

☐ INLAY / ONLAY

☐ VENEER

CONTACT

☐ TIGHT ☐ NORMAL ☐ LOOSE

OCCUSAL

☐ TIGHT ☐ NORMAL ☐ LOOSE



PLEASE WRITE CLEAR INSTRUCTIONS

SIGNATURE: _____ DATE: ____/____/____

TERMS AND CONDITIONS

The following terms and conditions shall apply to all trading between DigiDent Dental Art Technology and the dentist or laboratory or any other customer ('client'). The dental patient is not considered a party to the agreement between client and DigiDent Dental Art Technology.

All accounts are payable Upon Shipping. We accept AmEx, Visa and MasterCard. Please enter your credit card info below . Unless you're an existing customer and we have your credit card on file .

WARRANTY

All dental products created at DigiDent Dental Art Technology carry a full Warranty. This Warranty is your assurance that quality materials have been used during the manufacturing process and that our carefully designed production process has been followed.

If within the-Warranty period the product proves defective in circumstances of normal use, a replacement will be provided free of charge by DigiDent Dental Art Technology. The Warranty does not cover any defect arising from incorrect prescription or fitting.

The Warranty becomes null and void if patient does not receive their annual dental check-up or in case of restoration failure due to oral health problems. Damage caused by physical trauma or impact (for instance due to high risk sports) is specifically excluded from our product Warranty.

We reserve the right to refuse a Warranty where we believe that the requested product may not last the Warranty period due to its particular circumstances. If instructed to continue with these cases, we will do so. However, in the event that the requested work fails, we will expect to be paid in full for the work supplied.

GENERAL WORK AND REMAKES

All cases are guaranteed to fit the model based on the impression provided.

All work is completed to instructions written on the RX . If anything is unclear we will contact you.

If a case does not reflect the given instructions, the case will be adjusted or remade free of charge.

Terminated cases, for any reason, will not be refunded and must be paid for, unless terminated before the start of manufacture.

We will request a new impression in cases where the original impression contains false and/or inaccurate information. If the prescribing dentist requests to continue with the original impression, any subsequent remakes will be charged for.

When a remake is required, both original and remake cases will be charged if the remake instructions and/or preparation differs from the original case.

When sending a case back for alteratttt

ions or to be remade, please send back the original impressions, models and restoration as well as **new impressions if required. Failure to do so will result in the case being treated as a new case, and both will be charged for.**

Once work has been cemented, it is considered 'bought' and must be paid for.



CREDIT CARD INFORMATION:

PAYMENT METHOD:



FULL NAME: _____

CREDIT CARD NUMBER: _____

STREET ADDRESS: _____

EXPIRATION DATE: _____ / _____

ZIP CODE: _____

CARD SECURITY CODE: _____



Made In **USA**