



606B Springridge Road, Clinton, MS 39056  
 (601) 926-1862 Toll Free 877-905-SLAY Fax (601) 926-1863  
 www.slaydentallab.com contact@slaydentallab.com

**YOUR INFORMATION**

Practice Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Patient's Name: \_\_\_\_\_  
 Account No: \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_  
 License No.: \_\_\_\_\_

**CROWN & BRIDGE**

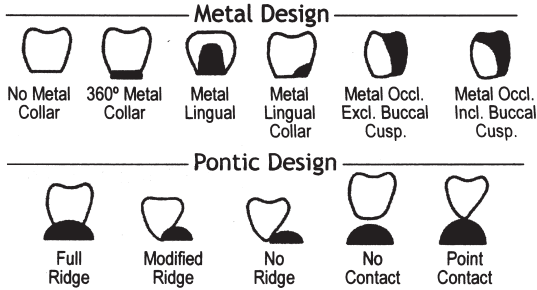
- PFM-HIGH NOBLE
  - White Gold
  - Captex
  - Yellow Gold
- ALL CERAMIC
  - e.max
  - Empress
  - Zirconia
  - Full Contour Zirconia
- PFM
  - Non-Precious
  - Semi-Precious
- INLAY / ONLAY
  - IPS Empress
- VENEERS
  - IPS Empress
- FULL CAST CROWNS
  - Full Cast Crown NP
  - Full Cast Crown SP
  - High Noble Yellow
  - High Noble White
- TOOTH SHADE

Shade: \_\_\_\_\_  
 Tooth #: \_\_\_\_\_

**CROWN & BRIDGE SPECIFICATIONS**

- BUCCAL MARGIN
- Metal Margin on Buccal (\_\_\_\_\_mm)
  - Metal-Porcelain Junction Margin
  - Porcelain Butt Margin

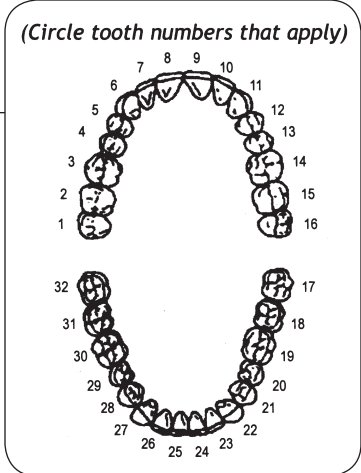
(Circle Preferences)



**REMOVABLE**

- NON-METAL PARTIALS
  - SlayFlex Flexible
  - Acrylic Partial
  - Complete
  - Wax Try-in
  - Process / Finish
  - Flexi with Frame
- TISSUE SHADE
  - Light Pink
  - Pink
  - Light Ethnic
  - Medium Ethnic
  - Dark Ethnic
- NIGHT GUARDS
  - Occlusal Guards
  - Upper  Lower
  - Hard  Soft
  - Hard/Soft Combination
- SLAY CAST PARTIALS
  - Complete
  - Cr/Co Frame Try-in
  - Frame w/ Wax Try-in
  - Process / Finish
- FULL DENTURES
  - Complete
  - Wax Try-in
  - Process / Finish

Rx NOTES \_\_\_\_\_




\_\_\_\_\_  
 AUTHORIZED SIGNATURE FOR WORK

\_\_\_\_\_  
 DATE

# SLAY DENTAL

Mississippi's #1 Dental Lab

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## SLAY DENTAL LAB TERMS & CONDITIONS

By signing the Rx the customer agrees to abide by the following terms and policies. Slay Dental Lab is not responsible for incidental or consequential damages including inconvenience, lost wages, chair time or pain and suffering.

### TERMS

*All statements will be paid by the 15th of the month in which the statement is printed.* All balances not paid by the 30th day may incur a \$100 late fee and the account is subject to being placed on C.O.D. status. A \$50.00 fee will be charged on all returned checks. All cases remain the property of Slay Dental Lab until the amount is paid in full.

### WHAT IS COVERED?

Repair or Replacement of Prosthesis.

### WHAT IS NOT COVERED?

Cash Refund for prosthesis.

Cost incurred for removal or insertion.

Repairs resulting from accidents, abuse, failure of supportive tissue structures, improper adjustments or improper dental hygiene.

Repairs, relines, implant, immediate dentures, immediate partials and appliances partially fabricated or completely fabricated by another lab other than Slay Dental Lab, LLC.

Incidental or consequential damage including inconvenience, lost wages, chair time, or pain and suffering.

### CONDITIONS OF WARRANTY

Prosthesis must be inserted by a licensed, practicing dentist.

Patient must have semi-annual dental check-ups (cleaning & exam) in a licensed dental office.

Prosthesis must be returned in order for account credit to be issued.

**WARRANTY IS FOR 1 YEAR REMOVABLE, 5 YEARS FIXED**