



2125 Wright Ave #C8
 La Verne, CA 91750 ♦ 626-594-4171
 Info@diamonddentallabca.com
 diamonddentallabca.com

Doctor's Name: _____
 License Number: _____
 Address: _____
 Phone Number: _____
 Patient Name: _____
 Patient Age: _____ Sex: M F
 Due Date: _____

Rx No. _____

FOR OFFICE USE ONLY					
TTI	FAI	WB	O	UP/LP	UD/LD
Additional: _____					

CROWN & BRIDGE CASE INSTRUCTIONS

RESTORATION

- Crown Bridge Veneer
 Inlay/Onlay Cast Post Only Implant

MATERIAL - ALLOY

- Non Precious High Noble (Y) Full Cast (NP)(SP) or (YG)
 Semi Precious High Noble (W)

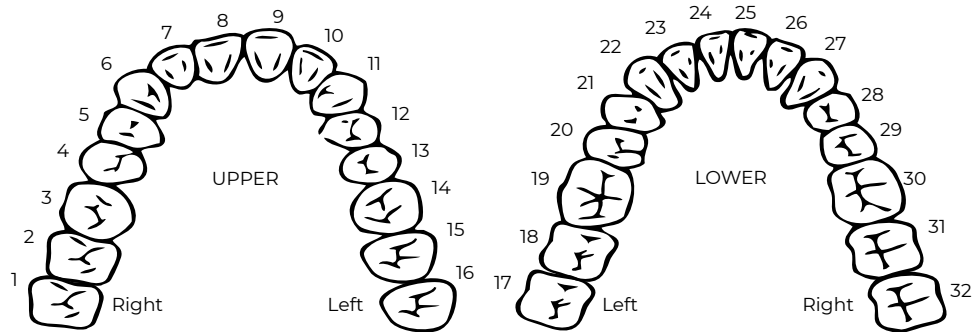
MATERIAL - METAL FREE

- Ultralux Layered IPS e.max®
 Ultralux FCZ (Full-Contour Zirconia) Diagnostic Wax-Up
 Ultralux PMMA

IMPLANTS

- Screw-Retained Crown (Only SRC)
 Screw-Retained Crown (With Ti Base)
 Cement-Type Implant
 Custom Abutment
 Zirconia
 Titanium

Type/Platform: _____



Nightguards: Hard Soft Dual

RETURN FOR: Die Trim Framework Try-In Bisque Try-In Finish

Shade Guide Used: _____ Shade: _____

Occlusal Stain: None Light Medium Dark

Acrylic Shade: Lucitone® 199 Light Meharry Dark Meharry

Additional Shade Instructions: _____

REMOVABLE INSTRUCTIONS

RESTORATION

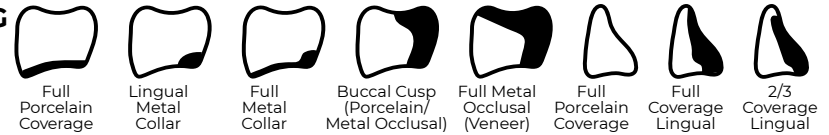
- Acrylic Partial Valplast® Partial Full Denture Stayplate

RETURN FOR: Upper Lower

- Framework Bite Block Teeth Try-In Finish
 Other Options: Repair Reline Add Tooth Clasp

DESIGN

COPING



MARGIN

- 360° Metal Collar 360° Porcelain Collar
 Metal-Porcelain Junction Porcelain Margin
 360° Porcelain Margin

PARTIAL

- Full Palatal Metal Coverage Lingual Bar
 Cosmetic Clasp Wire Clasp

PONTIC



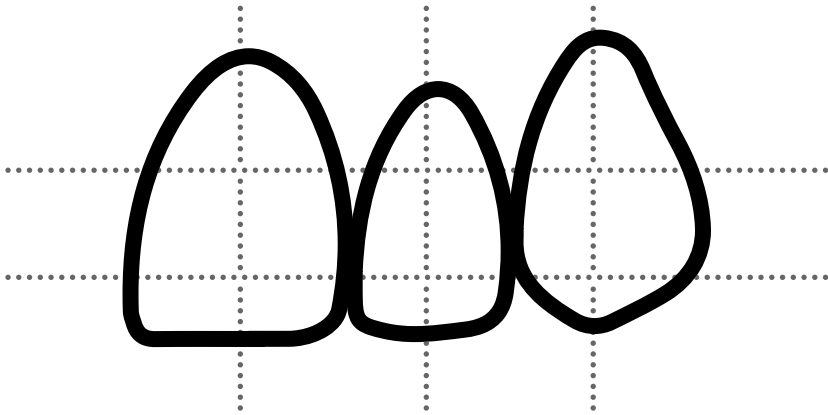
ADDITIONAL CASE INSTRUCTIONS:

Signature: _____ Date: _____

Please see reverse for warranty and policy details.

Diamond Dental Laboratory Policies and Warranties:

1. Please allow 7 business days for all work to be completed, not including weekends or shipping time.
2. Rush cases are welcome but must be pre-scheduled prior to lab receiving case.
3. Diamond Dental Lab ("the lab") warrants that all dental restorations are made according to your specification and approval in the belief that the device will be useful.
4. Subject to the return of a restoration that is placed and then fails, the lab will repair or replace the restoration without charge for the cost of materials and workmanship so long as the original is returned.
5. Being that all restorations are custom created according to the impression sent to us, full refunds cannot be offered on completed work.
6. All work comes with a one (1) year warranty.
7. If a case is sent back for a remake and the restoration type, i.e. the material, alloy, shade, has been changed, the new item will be billed at whole cost.
8. By dentist and dental practice sending case to Diamond Dental Lab, the dentist and the dental practice accept(s) responsibility for the payment of the related charges to this case.
9. Cost of collections on account will be paid by the customer. Any additional collection, court or attorney fees will be the customer's responsibility.
10. All accounts are payable within 15 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.



Please Send Photographs With Case

FOR LAB USE ONLY TELEPHONE CALL RECORD

DR.: _____ SPOKE WITH: _____

PATIENT NAME: _____

RE: _____

RESULT: _____

DATE/TIME DUE IN OFFICE: _____

DATE OF CALL: _____ INITIALS: _____

Completed By: _____