

TERMS & CONDITIONS

Signing or sending this lab form (or any substitution of this form), to K-Tech Dental Laboratory signifies that the sender address agrees to the following terms and conditions :

Conditions for Warranty :

\* Our warranty covers the repair or replacement of fixed / removable prosthetics and is guaranteed for one year from the delivery date. This warranty supersedes all other warranties and cannot be changed or modified. The warranty covers repairs and / or replacement of the dental restorations.

\* The following conditions must be met for warranty to apply :

- (1) Dental restorations must be inserted by a practicing and licensed dentist
(2) The original dental products being replaced must be returned to K-Tech Dental Laboratory

What is NOT covered :

- 1. Cash refunds
2. Misuse of restorations (accident, neglect, abuse, looth extraction, and / or failure of supporting teeth, improper adjustment / dental hygiene.)
3. Incidental or consequential damages including inconvenience, lost wages, chair time, or pain and suffering.
4. Any fixed prosthetic over five units or any removable prosthetic that has not been appropriately fitted prior to process.
5. Any products that has not been produced by K-Tech Dental Laboratory

Rush Services :

K-Tech Dental Laboratory must be contacted to confirm due date before the arrival of case(s). Rush charge may apply.

Terms :

Monthly statements will be issued at the end of every month. All statements must be paid in full by the 15th of the following month. Any balance outstanding beyond the due date may incur a 2% fee of the balance for each month the balance remains unsettled. In the event the dentist / dentist office does not comply, a collection proceeding will be instituted then the dentist / dentist office agrees to pay all reasonable attorney fees and cost of collection.

Turn Around Time :

- PFM Crowns & Bridges 7 Lab Days
Metal Free Crowns & Bridges 7 Lab Days
E max (All) 7 Lab Days
Full Cast 6 Lab Days
Aesthetic Diagnostic Wax-Up 6 Lab Days
Implant Restoration 12 Lab Days
(Included Custom Abutment)



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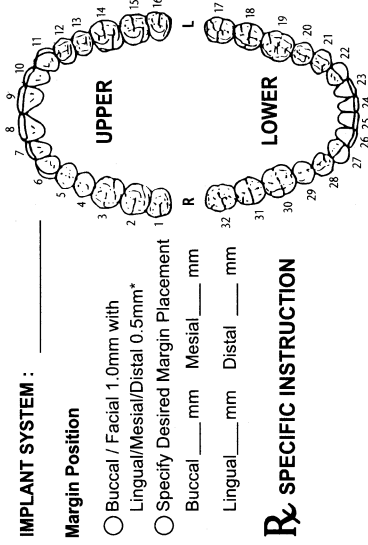


LAB USE ONLY

Office Name :
Date Recvd :
Patient Sex: M F Age :
Date Prepared : Due Date :
PLEASE PRINT CLEARLY

SPECIFIC SHADE DESIGN
Final Shade
Stump Shade
Die Trim
Metal Try-In
Bisque Try-In
Diag. Wax-Up
Finish

Contact :
Occ. Bite :
Margin Position
Implant System :
Buccal / Facial 1.0mm with
Lingual/Mesial/Distal 0.5mm\*
Specify Desired Margin Placement



Rx SPECIFIC INSTRUCTION

Porcelain Fused to Metal
Non-Precious
Semi-Precious
White Gold
Other

All Ceramic
LAVA™ Zirc.
Layered Zirc.
Full Zirconia
BruxZir
E-max® Crown
E-max® Inlay/Onlay
E-max® Veneer
E-max® Pressed over Zirconia

Occlusal Staining
None
Light
Medium
Dark

Occlusal Anatomy
Smooth
Moderate
Heavy

If No Occlusal Clearance
Spot Opposing
Spot Prep
Reduction Coping
Metal Island
Metal Occlusion
Call Doctor

Metal Design / Zirconia Design

Pontic Design

Gingival Embrasures
Closed
Open

Anteriors Surface Anatomy
Smooth
Moderate
Heavy

Signature :