



UNIVERSAL RX

TREAT AS INFECTIOUS MATERIAL

**Solitaire Smile**  
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1.844.SOLITAIRE | 1.844.765.4824

Date: \_\_\_\_\_ ☐ New Case ☐ Continuation / Remake or Redo of Case Old case ref # \_\_\_\_\_Doctor: \_\_\_\_\_ Patient: \_\_\_\_\_ Sex: ☐ M ☐ F

Bar Code

Delivery Date: \_\_\_\_\_ ☐ RUSH FEE on Zr Only \$65 (upto 3 units)**Crown & Bridge****METAL FREE**

- ☐
- 3D Multilithic Solid Zirconia
- NEW**
- 
- ☐
- SOREAL™ Full Contour Solid Zirconia
- 
- ☐
- BruxZir® Full Contour Zirconia
- 
- ☐
- EZ™ Esthetic Layered Zirconia
- 
- ☐
- IPS e.max®
- 
- ☐
- CAD/CAM Beauty Temp

**PORCELAIN FUSED TO METAL**

- ☐
- SLM PFM Base Metal (NP)
- 
- ☐
- PFM Noble Metal (Semi-Precious)
- 
- ☐
- PFM High Noble (Au 40%) (White Gold)
- 
- ☐
- PFM High Noble (Yellow Gold)

If alloy weight is more than one gram:

☐ Call ☐ Proceed

- ☐
- Maryland Bridge (One pontic with 2 wings)

**FULL CAST METAL RESTORATION**

- ☐
- Full Cast Base Metal
- 
- ☐
- Full Cast Noble Metal (Semi-Precious)
- 
- ☐
- Full Cast \_\_\_\_\_ % Gold
- 
- ☐
- Post & Core (please specify metal)

**DIGITAL FILES**

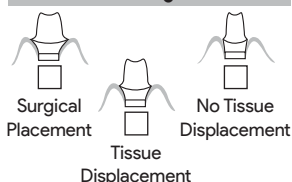
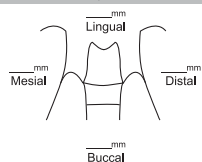
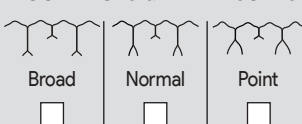
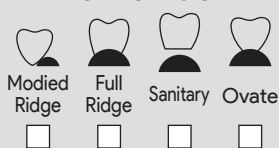
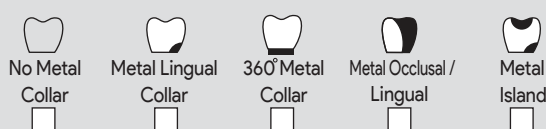
WE ACCEPT ALL DIGITAL FILES

3shape Carestream   
iTero® **Implant****IMPLANT ABUTMENT**

- ☐
- Custom Titanium Abutment
- ☐
- Custom Zirconia w/Ti
- 
- ☐
- Custom Gold Hue Abutment
- ☐
- Prep Stock Abutment
- 
- ☐
- Screw-Retained
- ☐
- Cement-Retained

**INDICATE  
IMPLANT SYSTEM**

- ☐
- Impression Post# \_\_\_\_\_
- 
- ☐
- Abutment# \_\_\_\_\_
- 
- ☐
- Lab Analog# \_\_\_\_\_

**Abutment Emergence Profile****Abutment Margin Depth  
-Below Tissue, + Above Tissue****CONTACTS & EMBRASURES****PONTIC DESIGN****COLLAR AND METAL DESIGN**

If not specified, no collar will be selected as standard.

**OCCLUSAL CONTACT**

- ☐
- Foil Relief
- ☐
- Positive Contact
- 
- ☐
- Out of Occlusion \_\_\_\_\_ mm

**IF INSUFFICIENT ROOM**

- ☐
- Metal Occlusal
- ☐
- Adjust Opposing
- 
- ☐
- Reduction Coping

**BUTT MARGIN**

- ☐
- Facial 180
- ☐
- All Around 360

**OCCLUSAL STAINING**

- ☐
- Light
- ☐
- Medium
- ☐
- Dark

**Removable****Complete Denture**

- ☐
- Set-up
- 
- ☐
- Finish
- 
- ☐
- One Step (Set-up & Finish)

**Acrylic Partial Denture**

- ☐
- Set-up
- ☐
- Flipper (upto 2 units only)
- 
- ☐
- Finish
- 
- ☐
- One Step (Set-up & Finish)

**Valplast Flex Partial**

- ☐
- Set-up
- ☐
- Nesbit
- 
- ☐
- Finish
- 
- ☐
- One Step (Set-up & Finish)

**Laser Cast Partial**

- ☐
- Metal Frame Work Try-In
- 
- ☐
- Set-up
- 
- ☐
- Finish
- 
- ☐
- One Step (Set-up & Finish)

**Miscellaneous**

- ☐
- Custom Tray
- 
- ☐
- Bite Block
- 
- ☐
- Night Guard
- ☐
- Hard
- ☐
- Soft
- 
- ☐
- Bleaching Tray
- 
- ☐
- Denture Repair / Reline

**Immediates**

- ☐
- Extract All
- 
- ☐
- Extract Tooth # \_\_\_\_\_

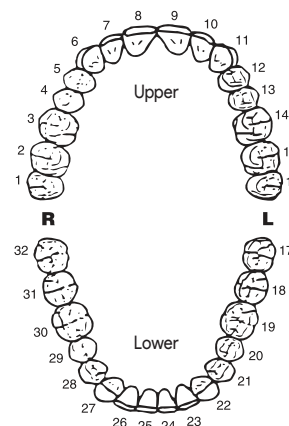
**Teeth**

- ☐
- Standard Teeth
- 
- ☐
- Upgrade Teeth \_\_\_\_\_

Office Code or Account # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FINAL SHADE**

Print Shade Here

**STUMP SHADE**

Required for all metal free products

Special Instructions: \_\_\_\_\_

Signature \_\_\_\_\_ License # \_\_\_\_\_

By signing or sending this Rx slip (or a substitute thereof) to Solitaire Smile Dental Lab, I unconditionally agree to abide by all terms and conditions of Solitaire Smile Dental Lab.

Rx Forms are available at www.solitairesmile.com

Pink copy for Doctor

Please take your time to complete the Rx correctly to avoid any delay in this case and make a copy for your records.  
Remember to include: Rx, Impression, Bite registration, Opposing Arch and Study models. If metal is not specified, base metal (Non-Precious) will be used by default.  
All other terms and conditions on the reverse side shall apply.

# Solitaire Smile Dental Laboratory, Terms and Conditions

By signing or sending this Rx slip (or a substitute thereof):

I unconditionally agree to abide by all terms and conditions listed below: Solitaire Smile Dental Lab, is not liable for loss of case, delay in delivery, Product related issues, Incidental or consequential damages, including but not limited to inconvenience, lost wages, chair time or pain and suffering etc.

## TERMS

All statements are required to be paid in full by the due date. Any amount not paid by due date will incur 2% finance charges (annual rate of 24%) per month, and the account shall be automatically placed on Cash on Delivery (C.O.D.) terms. Orders (including all pending cases) on past due accounts will be delivered C.O.D. basis with past due added. All cases will be billed in stages and should be paid in full according to stage. All cases and items sent shall remain the property of Solitaire Smile Dental Lab, until client's account is paid in full. A minimum of \$50.00 will be charged for returned checks & late payment.

All disputes shall be subject to laws of State of New Jersey, and jurisdiction shall reside with Federal and State Court in New Jersey. Prevailing party in the dispute shall be entitled to, in addition to any damages or relief, to reasonable expenses and attorney fees from the other party.

## WARRANTY

Repair or replacement: within 5 years for CAD-CAM Prosthesis and 3 years for all other Prosthesis. Veneers & e.max are covered for a period of 1 month only.

## CONDITIONS FOR WARRANTY

- Prosthesis must be delivered by a licensed, practicing dentist.
- Patient must follow regular follow-up schedule (cleaning and exam) in the dental office of a licensed and practicing dentist.
- Each regular follow-up visit must be documented in the patient-chart by the attending dentist. Upon request, such documentation shall be available to Solitaire Smile Dental Lab for review.
- Re-Make, Re-do No refund policy: Original case must be returned with new impression for re-making or re-doing the case.

To get the credit: Dental prosthesis must be returned to Solitaire Smile Dental Lab, with model work etc.

Remake or Re-do of the cases are covered for 5 years (CAD CAM Prosthesis) and 3 years (All other Prosthesis), subject to return of the original appliance/prosthesis with new impression and details of the case such as patient's name and original date of delivery or trial. If you use original appliance/prosthesis as a temporary restoration for your patient, the warranty shall be void and the case/prosthesis will be treated as new case and charged in full. This warranty is in lieu of all other warranties, whether expressed or implied and shall not be modified by any agent, employee, representative or distributor of Solitaire Smile Dental Lab.

## Solitaire Smile Dental Lab.: NORMAL TURN AROUND TIME

- All Fixed Restorations upto 3 units: 8 working days
- All Fixed Restorations over 3 units 10 working days

## SHIPPING

All Shipping Prices are based on using our Shipping Account and Shipping Labels only. If you use any other account or shipping carrier and method, Solitaire Smile Dental Lab, shall not be responsible for any price guarantee for shipping.

- Ground Shipping/FedEx 2nd Day Delivery: 2-4 days each way based on the shipping Zone
- Next Day Air Shipping: 1 Business Day (Extra charge will apply)
- Saturday Delivery: Extra Charges will apply

## RUSH CASES

RUSH: means 8 Business Days turnaround time

Rush cases are subject to additional charge of \$ 65 and up to 3 units. For detail, please call us or refer to our price policy (Only for zirconia products).

## SEMI-PRECIOUS/PRECIOUS METAL POLICY

- The Price for Semi Precious and Precious metal crowns are based on up to 1.0 grams of alloy weight. If there is large restoration or full gold crown weighing more than 1.0 grams, there will be additional charges for all alloys in excess of 1.0 grams per unit.
- Full Metal Cast: Labor plus actual alloy charges. No minimum allowance.
- Semi Precious and Precious metal charges calculated based on current market rates prevailing while invoicing.

## INSTRUCTION TO FOLLOW: BEFORE SHIPPING CASE TO US

- Please fill-up the Rx with all details. Include Impression, Bite registration, opposing Arch and Study Models.
- Please disinfect the impression before shipping. We do not accept un-poured alginate impression.
- Please check impression for void and margin integrity
- We recommend use of solid tray over triple tray impression
- Do not use triple tray for bridgework. We recommend full Arch solid tray impression for Bridgework or for multiple units of crown & bridges.
- Must Include proper Bite registration with every case.

## LAB Rx

- Please complete the Rx with all information Including office address, doctor's name, signature, patient name, and shade if applicable etc.
- Delay of the case may occur if Rx has not been filled in properly, to process the case.

## LAB COMMUNICATION

- We will provide you the access to our web based software for Case Search, Statements etc.
  - Provide us the updated contacts of office and Doctors
  - Email us at: [info@solitairesmile.com](mailto:info@solitairesmile.com) or Call us at 1.844.765.4824 if you have any question
- For more info: please visit us at: [www.solitairesmile.com](http://www.solitairesmile.com)