

DR. NAME _____

ADDRESS _____

PATIENT (first & last name) _____

DUE DATE (for delivery by 5 pm) _____

*Minimum 14 calendar days from Shipping Date

*21 calendar days required for Procera crowns and abutments or complex cases.

PATIENT APPOINTMENT FOR DELIVERY

DATE _____ TIME _____

TEETH NUMBERS (please circle)

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

ALL CERAMIC

- | | |
|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Empress® | <input type="checkbox"/> Procera® (Alumina) |
| <input type="checkbox"/> Empress 2®/ Eris | <input type="checkbox"/> e.max® |
| <input type="checkbox"/> Procera® (Zirconia) | <input type="checkbox"/> Ceramage® Composite |
| <input type="checkbox"/> Cercon® (Zirconia) | |

PORCELAIN TO METAL

- | | |
|------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> High Gold Alloy | <input type="checkbox"/> Non-Precious |
| <input type="checkbox"/> Low Gold Alloy | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Titanium Alloy | |

FULL METAL

- | | |
|------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> High Gold Alloy | <input type="checkbox"/> Non-Precious |
| <input type="checkbox"/> Low Gold Alloy | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Titanium Alloy | |

OCCUSAL DESIGN

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Metal | <input type="checkbox"/> Combination |
| <input type="checkbox"/> Porcelain | _____ |

MARGIN DESIGN

- Porcelain Butt 180° Lingual in metal
- Porcelain Butt 360°
- Metal-porcelain junction
- Fine Metal

PONTIC DESIGN (please circle)



OCCCLUSION

- Light - 0.5 mm spacer
- Medium - 0.3 mm spacer
- Heavy – positive contact

INTERPROXIMAL CONTACTS

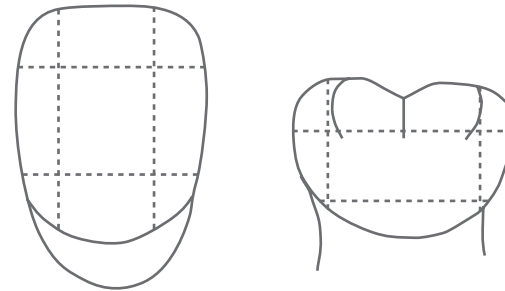
- Broad
- Normal

Please call me about this case _____

Signature of Dentist _____ Date _____
(Person signing this authorization accepts sole responsibility for payment)

FOR LAB USE

SHADE (mark on diagram)



STUMP SHADE

SHADE

EMAIL DIGITAL PHOTOS TO:
info@magellandental.com

IF INSUFFICIENT ROOM

- Please Call
- Reduce / Mark on Opposing

ANATOMY DESIRED

- Follow Enclosed Study Model or Wax-up
- Match Existing
- Make Ideal and Adjust Opposing

IMPLANT CASES

Please Provide Details of Implant Type and Diamete

Rx

PLEASE SEND:

- | | |
|--------------------------------|-----------------------------------|
| <input type="checkbox"/> Rx's | <input type="checkbox"/> Waybills |
| <input type="checkbox"/> Boxes | <input type="checkbox"/> Bags |

Top Copy: Lab
Bottom Copy: Doctor

TERMS, POLICIES AND CONDITIONS

By signing and/or sending and returning this Prescription to Magellan Dental Arts Canada Ltd (MDA), I agree to abide by all terms and policies stated listed below.

MDA is not liable for incidental or consequential damages, including inconvenience, lost wages, chair time or pain and suffering.

CASE COMPLETION TIMES – DAYS ARE CALENDAR DAYS

Case completion time is defined to be before 5pm on due date assuming incident-free. Including overnight courier to and from Doctors office.

Routine Crown and Bridge and Implant cases (4 units or less)	14 days
Custom Procera crowns and abutments with implant cases	21 days
Complicated case (4 units or more)	Please call us

If due date is weekend or statutory holiday, we will forward due date to the next regular business and advise your office.

SHIPPING TIME

MDA will make every effort to ship cases on a timely basis, however we cannot be responsible for problems with shipping carriers resulting in late or lost cases.

TERMS

MDA Advantage is able to offer our deeply discounted fees because our costs and overheads are low. In order to keep our costs low, we require payment when the case ships to your practice. We charge your credit card number on file unless other arrangements have been made. A 2% service charge per month will be applied to any outstanding amounts. Orders on past due accounts may be held until account is paid in full

WARRANTY

Your satisfaction GUARANTEED or money refunded
(with return of restoration and case materials)

REMAKE POLICY

Within 3 years. No charge.

HOW TO SCHEDULE AND SHIP A CASE

The ideal production and shipping time for each restoration requires 14 days to evaluate and fabricate a case. On the prescription we ask for 2 dates. The DUE DATE "for delivery by 5pm" is the day we guarantee you will receive the case from us by 5pm (barring any shipping delays out of our control). The "Patient Appointment" date is the actual date you see your patient. If we cannot meet the "Receive by 5pm" date, due to production problems or other unforeseen circumstances, we will telephone you and work to deliver the case in time for your patient's appointment.

FILL OUT THE PRESCRIPTION

Please fill out specific information on the prescription relating to the patient, as well as the procedure and the product requested. Crown shade, stump shade, and special instructions should be indicated. Also do not forget to mark the tooth, special shade instructions and product checklist.

Provide the following: (when appropriate)

Bite registration

Photo or emailed photo (mandatory for all anterior shade matching cases)

Impression of temporaries or diagnostic wax up (for anterior multiple unit cases)

Pre-op model

Stick bite (for horizontal plane)

Email Digital Photos to: info@magellandental.com

GUARANTEE

MDA guarantees a 14 day turn-around for most cases. However there are times during the production year when due to high volume and/or holiday schedules when the lab may require more time to complete a case. If this situation does occur, the lab will communicate with the dental office regarding a possible change in delivery date. We will make every effort to complete each case on time.