

Treat As Infectious Material



FIXED RESTORATION

Date : _____

Rx# : _____

Bar Code



LAXMI DENTAL EXPORT PVT. LTD.
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New Case Continuation / Remake or Redo of Case

(Old case Ref #: _____)

Doctor: _____ Patient: _____ Sex: M F

Delivery Expected on : _____

Crown & Bridge

METAL FREE RESTORATIONS

- LaxZr (Solid Zirconia)
- Ultra-Translucent™ (Translucent Zirconia With e.max® Layering)
- BruxZir™ (Full Contour Zirconia)
- Lava™
- IPS e.max® (Crown, Veneer, Inlay, Only)
- Empress® Esthetic (Crown, Veneer, Inlay, Only)

PORCELAIN FUSED TO METAL (PFM)

- PFT- Porcelain Fused to Titanium
- PFM Base Metal (NP)
- PFM Noble Metal (Semi-Precious)
- PFM High Noble (Au 40% White Gold)
- PFM-Precious (Au 73% Yellow Gold)
- Captek® Nano
- RBR-MARYLAND BRIDGE-one pontic with 2 wings

FULL METAL CAST RESTORATIONS

- Full Cast - Non-Precious
- Post & Core (Please Specify Metal)
- Full Cast - Semi Precious (Silver Color)
- Full Cast - Precious (40% Au)
- Full Cast - Precious (60% Au)
- Custom Abutment

IMPLANT PARTS PROVIDED

- Impression Post # _____
- Abutment # _____ Lab Analog # _____

PROVISIONAL ACRYLIC CROWN

- CAD CAM-Temp Other _____
 (Please Specify)

RUSH (RUSH fee \$ 49 upto 3 units)

Try-In

- Try-In Bisque Bake
- Other _____

Enclosed With Case

- Impression U/L Bite Models U/L
- Photos Others _____

Staining

- Light Medium Heavy

Occlusal Contact

- Foil Relief Positive Contact

If Insufficient Room

- Metal Occlusal Reduction Coping
- Adjust Opposing Please Call

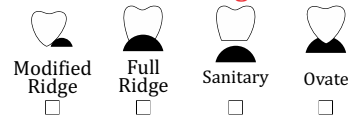
Contacts and Embrasures

- Broad Light Tight

Butt Margin

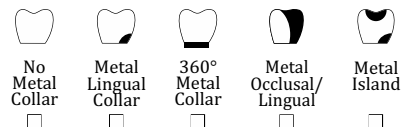
- Facial 180° All Around 360°

Pontic Design



If Not Specified Default Modified Ridge Lap

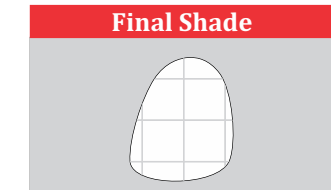
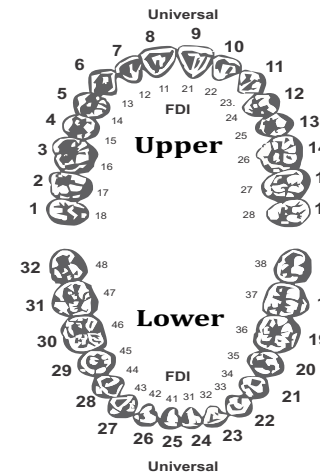
Collar and Metal Design



If Not Specified Default Lingual Collar

Office Code OR Account #: _____

Dental Office Address: _____
 City State Zip



Stump Shade _____

IF PRODUCT IS NOT SPECIFIED STANDARD IS NON PRECIOUS PFM

Please Disinfect The Impression

Signature: _____ License : _____

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

Rx Forms are available at www.laxmidental.com

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.

LAXMI DENTAL EXPORT PVT LTD

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

I unconditionally agree to abide by all terms and conditions listed below: Laxmi Dental Export, 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 or required retainer amount must be paid in full by due date. Before starting work on orders we calculate the invoice amount of the work need to be carried out and send a proforma invoice for payment. Orders (including all pending cases) on past due accounts will be delivered C.O.D basis with past due added. All cases and items sent shall remain the property of Laxmi Dental Export, until client's account is paid in full.

All disputes shall be subject to laws of India and jurisdiction shall reside Bombay High Court. Prevailing party in the dispute shall be entitled to, in addition to any damages or relief, to reasonable expenses from the other party.

WHAT IS COVERED?

Repair or replacement: within 3 years for all Prosthesis.

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 Laxmi Dental Export for review.
- Re-Make or Re-do : Original case must be returned with new impression for re-making or re-doing the case.
No Credit for work done. Work will be redone till patient's satisfaction.

Remake or Re-do of the cases are covered for 3 years for all 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 Laxmi Dental Export.

SHIPPING

All Shipping Prices are based on using our Shipping Account. If you use any other account or shipping carrier and method, Laxmi Dental Export, shall not be responsible for any price guarantee for shipping. Cases will be shipped out using UPS services and will be delivered in 2 - 3 Days.

RUSH CASES

RUSH: means 2 Days in lab process.

Rush cases are subject to additional charge of \$ 49 or equivalent to 3 units. For detail, please call us or refer to your price policy.

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@laxmidental.com or Call us at +91 22 61417311 if you have any question

For more info: please visit us at: www.laxmidental.com