



## Denture RX

No.

Doctor: \_\_\_\_\_ Office: \_\_\_\_\_

Patient: \_\_\_\_\_ M  
F Age: \_\_\_\_\_ Due Date: / /☒ Please check the corresponding items. ☆You must ✓ in the box.

## ☆ DENTURE TYPE

- ☐ Complete Denture  
☐ Partial Denture  
☐ Flipper

## ☆ MATERIAL

- ☐ Acrylic Resin  
☐ Thermoplastic Resin  
(Flexible denture)

## ❖ PROCESS

- ☐ Set teeth for try-in  
☐ Set teeth for try-in with metal framework  
☐ Try-in to Finish  
☐ Start to Finish  
☐ Articulator Remount Required

## ❖ REPAIR

- ☐ Fracture  
☐ Rebase  
☐ Reline  
☐ Add Teeth  
☐ Clasp

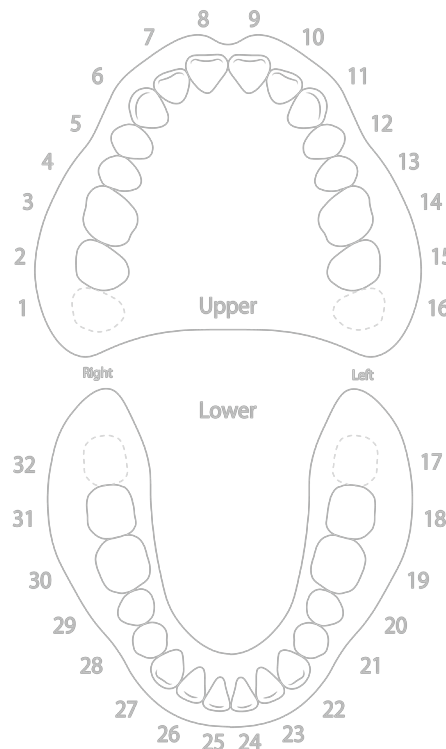
## ❖ CUSTOM TRAY &amp; BITE PLATE

- ☐ Custom Tray  
☐ Base Plate & Bite Rim  
☐ Bite Rim with Metal Frame  
☐ Base Plate only

## Case Design

&amp;

## Special Instructions



Shade \_\_\_\_\_

Mould \_\_\_\_\_

Teeth Type

- ☐ Regular  
☐ Premium ※Extra Charge

CASE DESIGN

- ☐ Lab Select

Major Connector

☆ UPPER

- ☐ Palatal Strap  
☐ Palatal Plate  
☐ Horseshoe  
☐ Closed Horseshoe  
☐ Full

☆ Lower

- ☐ Lingual Plate  
☐ Lingual Bar

Clasp

- ☐ Akers # \_\_\_\_\_  
☐ Wire Clasp # \_\_\_\_\_  
☐ RPI # \_\_\_\_\_  
☐ I-Bar ☐ T-Bar # \_\_\_\_\_

Metal Material

- ☐ Titanium  
☐ Chrome-Cobalt(Nickel Free)

For LAB USE ONLY ☐ Impression ☐ Bite Registrations ☐ Upper Model ☐ Lower Model  
☐ Study Model ☐ Articulator ☐ Teeth ☐ Others ( )

Office Address : \_\_\_\_\_

Phone : \_\_\_\_\_

E-mail : \_\_\_\_\_

Which contact way is suitable for you ?

- ☐ Phone \_\_\_\_\_ available time \_\_\_\_\_ : \_\_\_\_\_  
☐ e-mail \_\_\_\_\_

Dentist Signature : \_\_\_\_\_

Dentist License No. : \_\_\_\_\_

\*Please read the "Terms and Conditions" below and put check mark in the box on the right. ☐

## Terms and Conditions

**Shipping and Delivery:** We normally pick up and deliver the cases in Dallas, North Dallas Area free of charge. Except in that area, for all locations in the contiguous U.S., shipping is charged per invoice.

**Invoice and Statement:** Invoices are to be delivered each time the cases are delivered. Monthly statement issued at the end of each month and mailed to your office via digital way or phisical one.

**Credit Policy:** All accounts are payable until the last business day of the next month of monthly statement date. (The statement normally is issued at the last businesss day of the month. ) Accounts not paid within the stated terms will be subject to COD status and a late charge of 2.5 percent of the unpaid balance. Prices subject to change without notice. RX must be enclosed with the case you send.

**Guarantee:** All cases are guaranteed to fit master models, and we guarantee our technique on all restorations for 1 year from the invoice issued date. Remakes returned to us without the original restoration will be charged at 100% of the price. We need to confirm and try to clarify the reason and take steps to the next stage for our craftsmanship. In case that both parties can't find out the reasons of failure, we will consult with you and decide the fee for the remake.

**Rush case:** We accept rush cases on demand. Rush case must be charged the additional cost.

**Country of Origin:** All restorations are designed and made in Dallas, Texas and Japan.

**Responsibility:** The person signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including the reasonable attorney fees and court costs of both parties.



Wada Precision Dental Laboratories U.S.A. Co., Ltd.

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