	Denture F	RX	No.
Doctor:	Office	2:	
Patient:	M F Ag	ge: Due [Date: / :
☑ Please check the cor	responding items. ☆You must ✓	in the box.	
C DENTURE TYPE Complete Denture Partial Denture Flipper MATERIAL Acrylic Resin Thermoplastic Resin (Flexible denture)	 ❖ TRY-IN to FINISH ☐ Set teeth for try-in ☐ Set teeth for try-in with metal framework ☐ Start to finish ☐ Articulator Remount Required 	REPAIR Fracture Rebase Reline Add Teeth Clasp	 CUSTOM TRAY & BITE PLA □ Custom Tray □ Base Plate & Bite Rim □ Bite Rim with Metal Fram □ Base Plate only
Case Design &			Shade
ocial Instructions	7 8 9 10		Mould
	6	<u>\ 11</u>	Teeth Type
) \	Regular
	5	12	☐ Premium ※Extra Charge
•	4/5	13	CASE DESIGN
and the second s			1
3		14	☐ Lab Select
		\cup	☐ Lab Select Major Connector
2		14	Major Connector ☆ UPPER
	Upper	\cup	Major Connector ☆ UPPER □ Palatal Strap
2	Upper	15	Major Connector ☆ UPPER
2	Upper	15	Major Connector ☆ UPPER □ Palatal Strap □ Palatal Plate
2		15 16	Major Connector ☆ UPPER
2 /	Flight	15 16 Left	Major Connector ☆ UPPER
2	Flight	15 16	Major Connector ☆ UPPER
2 /	Flight	15 16 Left	Major Connector
2 d 1 32 31	Right	15 16 17 18	Major Connector ☆ UPPER
2 1	Right	15 16 17	Major Connector ☆ UPPER
2 d 1 32 31	Right	15 16 17 18	Major Connector ☆ UPPER
2 d 1 32 31	Right Lower	15 16 17 18 19	Major Connector
2 d 1 32 31	Right Lower	15 16 17 18 19 20 21	Major Connector
2 d 1 32 31	Right Lower	15 16 17 18 19 20	Major Connector

Phone :	Which contact way is suitable for you ?
	Phone available time :
E-mail :	□ e-mail
Dentist Signature :	
Dentist License No. :	
*Please read the "Terms and Conditions"	below and put check mark in the box on the right.
_	and Conditions

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 craftmanship. 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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