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 909 Wadsworth Blvd., Lakewood, CO 80214
 www.PeeblesDentalLab.com

DR _____

STREET _____ SUITE _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

PATIENT NAME _____ AGE _____ SEX: M F

RETURN ____ / ____ / ____ **TIME** _____


FULL DENTURES	<input type="checkbox"/> Premium Full Denture	<input type="checkbox"/> AED Denture	<input type="checkbox"/> Try-In	<input type="checkbox"/> Soft Reline
	<input type="checkbox"/> Ivobase™ Injected Denture	<input type="checkbox"/> Custom Tray	<input type="checkbox"/> Process & Finish	<input type="checkbox"/> Reline
PARTIAL DENTURES	<input type="checkbox"/> Vitallium 2000™ (Metal)	<input type="checkbox"/> Flexible (Metal Free)	<input type="checkbox"/> Versacryl Clasps	<input type="checkbox"/> Survey & Design
	<input type="checkbox"/> Classic Frame	<input type="checkbox"/> Precision Atch. Frame	<input type="checkbox"/> Cu-Sil Gasket	<input type="checkbox"/> Flipper (All Acrylic)
SPLINTS/ MOUTHGUARD	<input type="checkbox"/> TMJ Splint (Hard)	<input type="checkbox"/> Aspen Splint	<input type="checkbox"/> Radiation Splint	<input type="checkbox"/> No Ramp <input type="checkbox"/> Upper
	<input type="checkbox"/> Remedese Splint™ (Layered hard/soft)	<input type="checkbox"/> Yukna Splint	<input type="checkbox"/> CRA	<input type="checkbox"/> Ball Clasps <input type="checkbox"/> Lower
	<input type="checkbox"/> Bruxese Splint™ (Thermal Resin)	<input type="checkbox"/> NTI	<input type="checkbox"/> ARA	<input type="checkbox"/> Reinforcement
	<input type="checkbox"/> Sports Mouthguard: Color _____		<input type="checkbox"/> Printed Splint	
ORTHO	<input type="checkbox"/> Basic Hawley	<input type="checkbox"/> Hawley Wrap	<input type="checkbox"/> RPE	<input type="checkbox"/> Clasps _____
	<input type="checkbox"/> Hawley Spring	<input type="checkbox"/> Space Maintainer	<input type="checkbox"/> E-Arch	<input type="checkbox"/> Color _____
	<input type="checkbox"/> Hawley Flipper	<input type="checkbox"/> Nance	<input type="checkbox"/> Habit Appliance	<input type="checkbox"/> Glitter
REMOVABLE IMPLANTS	<input type="checkbox"/> Surgical Guide	<input type="checkbox"/> Conus Concept™	<input type="checkbox"/> Locator™ Overdenture	
	<input type="checkbox"/> Drill Hole	<input type="checkbox"/> Trough	<input type="checkbox"/> CAD Over Denture	<input type="checkbox"/> Conversion
	<input type="checkbox"/> Brass Tube			

DOCTOR SIGNATURE _____

DENTIST LICENSE # _____

DATE _____

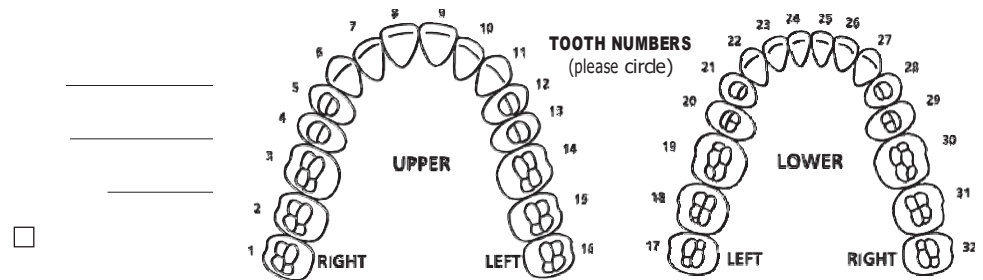
Send your photos to photos@peeblesdentallab.com

ALL CERAMIC	<input type="checkbox"/> e.max™ Full Contour	<input type="checkbox"/> Veneer	<input type="checkbox"/> Zirconia Layered
	<input type="checkbox"/> e.max™ Layered Crown	<input type="checkbox"/> Zirconia Full Contour	
PORCELAIN FUSED TO METAL	<input type="checkbox"/> High Noble	FULL CAST	<input type="checkbox"/> High Noble (AU-58%)
	<input type="checkbox"/> Noble		<input type="checkbox"/> Noble (AU-40%)
<input type="checkbox"/> Porcelain Labial Margin	<input type="checkbox"/> Low Noble (AU-2%)		
FIXED IMPLANTS	CAD/CAM/FIXED ABUTMENT		
	<input type="checkbox"/> Titanium	<input type="checkbox"/> UCLA Type	<input type="checkbox"/> Screw Retained
	<input type="checkbox"/> Gold Hue	<input type="checkbox"/> ASC	<input type="checkbox"/> Fixed Hybrid
	<input type="checkbox"/> Zirconia	<input type="checkbox"/> Verification Jig	PONTIC DESIGN (please circle) 

METAL DESIGN

	<input type="checkbox"/> Full Coverage - No Lingual Collar		<input type="checkbox"/> Metal Occlusal - Excluding Buccal Cusp	<input type="checkbox"/> Metal Lingual
	<input type="checkbox"/> Full Coverage - Small Lingual Collar		<input type="checkbox"/> Full Metal Occlusal - w/Buccal Cusp	

Connect Online with Peebles at
 cad@peeblesdentallab.com



SPECIAL INSTRUCTIONS	<input type="checkbox"/> Framework Try-In	<input type="checkbox"/> Follow Enclosed Study Casts	<input type="checkbox"/> Reduction Coping
	<input type="checkbox"/> Frame With Occlusal Rim	<input type="checkbox"/> Immediate	<input type="checkbox"/> Reduce Opposer
	<input type="checkbox"/> Frame With Teeth Try-In	<input type="checkbox"/> Survey/Design Estimate	<input type="checkbox"/> Always Call With Clearance Issue
	<input type="checkbox"/> Complete Case	<input type="checkbox"/> Survey Crown	

ADDITIONAL NOTES _____

Product Schedule

Crown & Bridge

PFM, All Porcelain, Diagnostic Wax-Up Crowns - 10 Days
Full Gold - 7 Days
Temp Crowns (1-4 units) - 8 Days
4 Units or More 12+ Days
Implants - Call Required

Removable Appliances

3 Days – Custom Trays, Bite Block/Rim, Flipper 1-3 Teeth, Bleach Trays, Soft Mouth Guard, Immediate Surgical Guide, Vacu-retainer
4 Days – 4 Tooth Flipper, Vacu-temp Essix Type, Vacu- splint
5 Days – Set Teeth, Process/Finish, Splints, Snore Guard, Orthodontic Appliances
6 Days – Set and Finish Appliance, 5+ Tooth Flipper, ClearFlex Partial
8 days – Metal Framework

Implants

2 Days – Analog or Epoxy Model
4 Days – Implant Base Plate or Implant Surgical Guide
Milled Over Denture or Implant Bar - Call Required

***Days exclude weekends and holidays**

Peebles Lifetime Warranty

Peebles Dental Lab takes great pride in the quality and craftsmanship of our appliances. We rely on our clinicians to provide the most accurate impressions and working casts available. **All warranties and remakes will be evaluated by Peebles on a case-by-case basis. For the evaluation, we require all original model work and appliances returned. Peebles reserves the right to cure or correct any defect before issuance of credit.**

All remakes will be made at no charge if received within 15 days of the invoice date except under the following circumstances:

1. The product is altered. Any use, sale, alteration or modification to the appliance shall constitute acceptance of the appliance.
2. The appliance fits the working model but not the mouth.
3. Defects in material or workmanship.
4. Damage exceeding normal wear.
5. Incorrect shade chosen by the patient or doctor.
6. Changed from the original script i.e. shade or product.

Repairs and Relines

Same Day Reline– Prescheduling Required
Reline – Quick Cure 1 Day
Repair and Adjustments 1 Day
Reline– Heat Cure 2 Days
Rebase /Jump 2 Days

Who to Contact

Steve Kelly - Technical Operations Manager
steve@peeblesdentallab.com

Marianne Frantz - Implant / C&B Manager
marianne@peeblesdentallab.com

Chris Valdez - CAD/CAM Manager
chrisv@peeblesdentallab.com

Dalen Wyatt - QC/Key Account Manager
dalen@peeblesdentallab.com

Dave Herrera CDT - Removable and Implant Specialist
daveh@peeblesdentallab.com

Bryan Clifton – Removable Specialist
bryan@peeblesdentallab.com

Photo Submission
Photos@peeblesdentallab.com

CAD and Digital File Submission
CAD@peeblesdentallab.com

Payment Terms

Net 30. 2% discount if total is received by the 10th of the month by **check or cash.**

Service charge of 1.75% per month (up to 36% annually) will be added on past due invoices.