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www.PeeblesDentalLab.com

DR \_\_\_\_\_

STREET \_\_\_\_\_ SUITE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX:  M  F

RETURN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TIME \_\_\_\_\_

<b>FULL DENTURES</b>	<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
	<input type="checkbox"/> Classic Full Denture	<input type="checkbox"/> Bite Blocks	<input type="checkbox"/> Cast/Mesh	<input type="checkbox"/> Repair
<b>PARTIAL DENTURES</b>	<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)
<b>SPLINTS/ MOUTHGUARD</b>	<input type="checkbox"/> TMJ Splint (Hard)	<input type="checkbox"/> Aspen Splint	<input type="checkbox"/> Radiation Splint	<input type="checkbox"/> No Ramp <input type="checkbox"/> <b>Upper</b>
	<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"/> <b>Lower</b>
	<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	
<b>ORTHO</b>	<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
<b>REMOVABLE IMPLANTS</b>	<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

<b>ALL CERAMIC</b>	<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
<b>PORCELAIN FUSED TO METAL</b>	<input type="checkbox"/> High Noble	<b>FULL CAST</b>	<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%)
<b>FIXED IMPLANTS</b>	<b>CAD/CAM/FIXED ABUTMENT</b>		
	<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	<b>PONTIC DESIGN</b> (please circle) 

**METAL DESIGN**



Full Coverage - No Lingual Collar



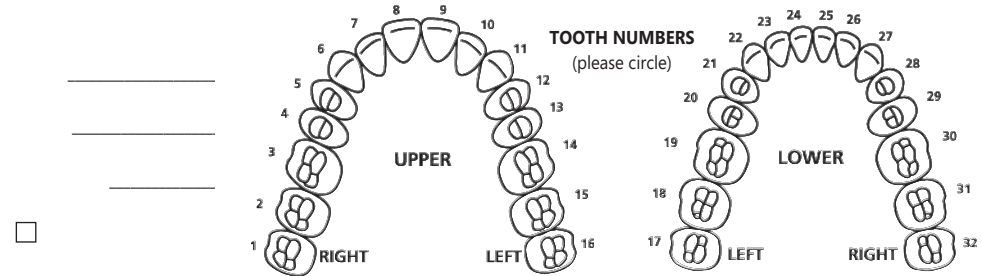
Full Coverage - Small Lingual Collar

Metal Occlusal - Excluding Buccal Cusp

Metal Lingual

Full Metal Occlusal - w/Buccal Cusp

Connect Online with Peebles at  
cad@peeblesdentallab.com



<b>SPECIAL INSTRUCTIONS</b>	<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 \_\_\_\_\_

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## 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](mailto:steve@peeblesdentallab.com)

Marianne Frantz - Implant / C&B Manager  
[marianne@peeblesdentallab.com](mailto:marianne@peeblesdentallab.com)

Dave Ruppert CDT - Ceramics Manager  
[daver@peeblesdentallab.com](mailto:daver@peeblesdentallab.com)

Chris Valdez - CAD/CAM Manager  
[chrisv@peeblesdentallab.com](mailto:chrisv@peeblesdentallab.com)

Dalen Wyatt - QC/Key Account Manager  
[dalen@peeblesdentallab.com](mailto:dalen@peeblesdentallab.com)

Dave Herrera CDT - Removable and Implant Specialist  
[daveh@peeblesdentallab.com](mailto:daveh@peeblesdentallab.com)

Bryan Clifton – Removable Specialist  
[bryan@peeblesdentallab.com](mailto:bryan@peeblesdentallab.com)

Photo Submission  
[Photos@peeblesdentallab.com](mailto:Photos@peeblesdentallab.com)

CAD and Digital File Submission  
[CAD@peeblesdentallab.com](mailto: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.