



1800 9th Avenue North  
St Petersburg, FL 33713  
866.561.9777

Doctor's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_ Rx Date \_\_\_\_\_  
Patient Name \_\_\_\_\_

Additional Information	
Due Date	LAB USE
	<b>Enclosed</b> <input type="checkbox"/> Impression <input type="checkbox"/> Bite <input type="checkbox"/> Cases # _____ <input type="checkbox"/> Model <input type="checkbox"/> Appliance <input type="checkbox"/> Other

## Fixed/Functional

Space Maintainer

☐ Unilateral

☐ Band & Loop  
☐ Distal Shoe  
☐ Space Regainer

☐ Bilateral

☐ Nance  
☐ Lingual Holding Arch

Arch Development

☐ Helix

☐ Quad Helix  
☐ Bi-Helix

☐ RPE

☐ Hyrax  
☐ Hyrax (with facemask hooks)  
☐ Bonded  
☐ Haas

☐ TPA

Bite Plate

☐ Anterior  
☐ Posterior

Anti-snoring Appliances

☐ Sensor-sl

Habit Appliance

☐ Tongue Crib ☐ Rake  
☐ Blue Grass ☐ Fence

Band Options

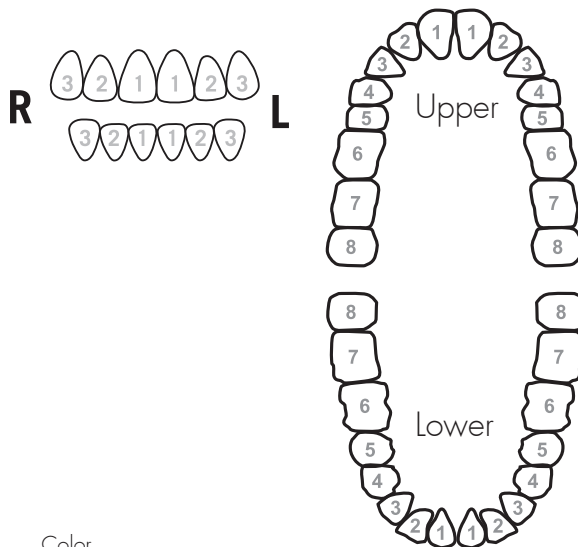
**Remove:**

☐ Lingual Attachment  
☐ Buccal Tubes

**Provide:**

☐ Bands  
☐ Buccal Tubes

## Choose Your Tooth



Color \_\_\_\_\_

## Removable/Retainer

Retainers

☐ Essix Retainer

☐ Full Occlusal  
☐ Straight  
☐ Scalloped

☐ Spring Aligners

☐ Simple  
☐ Modified  
☐ Super Modified

☐ Bonded Linguals

☐ 1 x 1 ☐ 3 x 3  
☐ 2 x 2 ☐ 4 x 4

☐ Retainer Type

☐ Hawley  
☐ Wraparound  
☐ QCM

Arch Development

☐ Pendulum ☐ E-Arch ☐ Schwartz  
☐ Pendex ☐ Sagittal

Clasps

☐ Soldered C ☐ C  
☐ Occlusal Rest ☐ Adams  
☐ Arrow ☐ Ball

Auxiliaries / Springs

☐ Finger Spring ☐ Mushroom  
☐ Z Spring ☐ Crossover  
☐ S Spring ☐ \_\_\_\_\_

Study Models

☐ Finished ☐ Digital  
☐ Unfinished ☐ Digital Storage

## Special Instructions

\*If occlusal indexing is requested or bite plate is to be added, wax bite registration and opposing arch is required.

Return Work Models ☐ Yes ☐ No

Signature \_\_\_\_\_ License No. \_\_\_\_\_

Script has been reviewed for accuracy, legibility and completion. Impressions have been approved by the doctor.

\*The person signing this authorization and/or the dental practice accepts responsibility for payment of the related charges and agrees to pay all legal and collections costs in the event the account is in collections or litigation, including reasonable fees

# Sun Dental Labs Terms & Policies

By signing or sending this Rx Form (or a substitute thereof) to Sun Dental Labs (SDL) I agree to abide by all the following terms and policies. SDL is not liable for incidental or consequential damages, including inconvenience, lost wages, chair time or pain and suffering.

## Terms

All statements must be paid in full by the 15th of the month in which the statement is prepared. Amounts not paid will incur a 1.5% finance charge. If not paid by the end of the following month, all cases in progress will be put on hold and billed for accordingly.

All cases and items sent remain the property of SDL until account is paid in full. A \$35.00 minimum will be charged on all returned checks. All disputes shall be governed by Florida Law with venue in Pinellas County, with the prevailing party to recover all fees and expenses.

## Remake & Warranty Policy

The cost for fabricating custom made dental appliances can not be refunded. A credit may be issued by SDL directly to a customer’s account when cases do not meet SDL’s standards for quality, function and aesthetics. Any credit balance on a SDL account must be used for lab services within 60 days from the date of issue or it will expire. Immediate partials and dentures as well as veneers are ineligible for remake credit.

## Remake Policy

Eligible remakes will be done at no charge if received within 60 days of invoice date. Original model(s) and dental restoration(s) must be returned for credit consideration. **New case will be billed if remake is required due to any of the following:**

1. There is a shade or product change different from the original request
2. Lab questioned die, margin, impression or bite and was advised to complete case
3. Lab requested a try-in, customer declined and asked for a completed case
4. Abutment required reduction due to undercuts/clearance and/or the teeth were re-prepped
5. The partial denture fits the master cast

**\*\*\* All warranty terms and conditions are subject to change without notice.**

Warranty is for two years from the date of delivery. Limited 60 day warranty on Orthodontic appliances, nightguards, and any repairs. This warranty is in lieu of all other warranties, whether expressed or implied and may not be modified by any agent, employee, representative or distributor of Sun Dental Labs, LLC.

## IMPORTANT PRICING TERMS & CONDITIONS

All prices are quoted/billed per stage. Some products are subject to additional fees, e.g. bridge connectors, additional implant parts, multiple stages, and metal sur-charges.

Fabrication starts the day SDL receives the case. Cases cancelled after fabrication is initiated will remain billed at full cost.

Please visit [www.sudentallabs.com](http://www.sudentallabs.com) for more detailed warranty information.

## Our Turnaround Times\*

Orthodontic Appliances	7 days in lab
Full Zirconia Single Unit Crowns	5 days in lab
Layered Zirconia Crowns, Zirconia Bridges - Layered or Full	7 days in lab
CAD Zirconia Copings (from prepared model or impression), bite rims, custom trays, duplicate models	3 days in lab
Acrylic repairs/relines, add wire clasps to acrylic partials, night guards	7 days in lab
Removable restorations, all flexible partial repairs, all other crowns and bridges, and implant cases	9 days fabrication

*\*Working times are an estimate.*

*\*Any cases with no due date listed may be subject to up to 2 extra production days.*

## Shipping & Rush Services

The charge to ship using our label is \$12.50 per box. You may put as many cases as you wish into the box. Price is subject to change without notice.

If using SDL shipping labels, please call respective carrier for pick-up. SDL provides a maximum of \$100.00 insurance for the contents of the package when using our label.

You may also schedule a carrier pick up and create a shipping label using SunAccount.

Rush case charge \$65/ Per Unit\*

US Overnight Shipping \$19.50

\*Cases listed as RUSH will be called prior to production to verify expected return date if not clearly marked on RX or if date can not be met.

**\*\*Mandatory- PLEASE INCLUDE Licensed Dentist SIGNATURE and LICENSE NUMBER ON Rx\*\***