



# New York Dental Lab, Inc.

88-10 162 Street, Jamaica, NY 11432  
Cell: (718) 536-6700 Tel: (718) 523-8686 Fax: (718) 523-8688  
joffinococeo@dentalnylab.com  
www.dentalnylab.com

Dr. Name \_\_\_\_\_ Acct. # \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_

Patient Name \_\_\_\_\_  Male  Female  
First Last

Deliver by 5 p.m. on \_\_\_\_\_  Call before starting case

## CHARACTERIZATION CHART

### POSTERIOR OCCLUSAL

Stain Color OC-7 OC-8 OC-9 OC-10

Stain Placement OS-1 OS-2 OS-3 OS-4

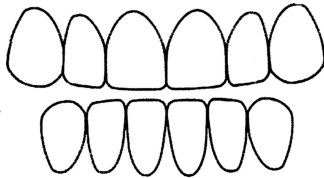
Hypo-Calcification OH-5 OH-6



### ANTERIOR

Translucency Intensity

Translucency Volume



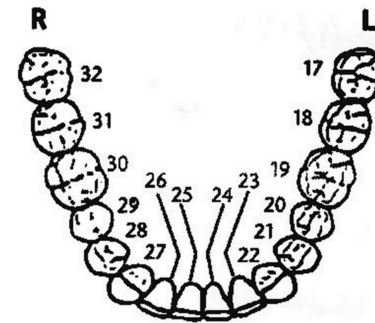
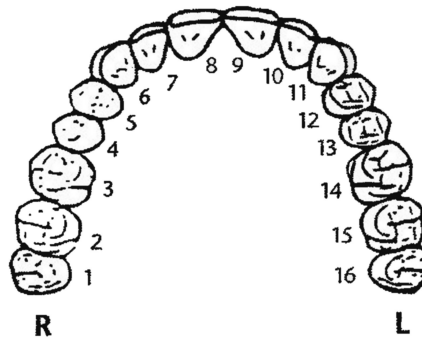
STUMP \_\_\_\_\_

SHADE \_\_\_\_\_

- INCISAL HALO
- TRANSLUCENCY
- HYPOCAL CIFICATION
- STAINED CHECKLINE
- INTERPROXIMAL COLORATION
- CRAZE LINE
- ROOT SIMULATION

### PLEASE CHECK ONE

- CONNECT 8RIDGE
- TRY-IN
- BIS. BAKE
- FINISH
- NO BUTTONS



## PARTIAL DENTURE FRAMEWORKS

- VITALLIUM™
- WISIL®
- OCCLUSAL GOLD
- EXTRA GOLD
- D.E. HINGE
- FRAME TRY-IN
- FRAME WITH OCCLUSAL RIM
- FRAME WITH TEETH TRY-IN
- FINISH

### MAJOR CONNECTOR

#### MAXILLARY

- LAB SELECT
- PALATAL STRAP
- HORSESHOE
- DOUBLE PALATAL BAR

#### MANDIBULAR

- LAB SELECT
- LINGUAL BAR
- LINGUAL APRON
- DOUBLE BAR

### DIRECT RETAINERS TOOTH #

- LAB SELECT \_\_\_\_\_
- SUPRABULGE \_\_\_\_\_
- INFRABULGE \_\_\_\_\_
- VALPLAST-PINK \_\_\_\_\_
- HIDDEN DESIGN \_\_\_\_\_

## FULL DENTURE / FLEXITE- VALPLASTER COMBO

### CHECKLIST:

- MIDLINE - MARKED
- HIGH LIP LINE - MARKED
- PROPER LIP SUPPORT
- CHARACTERIZED LUCITONE®

### ANTERIOR SET-UP:

- IDEAL
- CHARACTERIZED
- STUDY MODEL
- LUCITONE 199®

### TERMS AND WARRANTY INFORMATION

**TERMS:** Cost of collection of any account will be paid by the customer. All accounts are payable within 30 days of statement date. Accounts not paid within the stated terms will be subject to COD status and late charge of (2%) two percent of the updated balance. Prices subject to change without notice.

**LIMITED WARRANTY/ LIMITATION OF LIABILITY:** NEW YORK DENTAL LABORATORY ("THE LAB") warrants that all dental devices are made according to your specification and approval in the belief that the device will be useful and MAKES NO OTHER WARRANTIES INCLUDING BUT NOT LIMITED TO ANY IMPLIED MERCHANTABILITY OR WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE. Subject to the return of a device that is placed and then fails, the lab will repair or replace the device without charge for the cost of materials and workmanship or refund the original price paid, at the lab's option, as follows: (1) all porcelain, porcelain to metal, all metal and screw-retained titanium or zirconia abutments (excluding abutments with angulations greater than 20 degrees) up to six months. (2) thermoformed appliance if the failure is due to defects in materials or workmanship up to six months.

You agree to pay all other costs of adjustments & repair and replacement of a device. Except where prohibited by law, the lab WILL NOT BE LIABLE FOR ANY LOSS OR DAMAGES ARISING FROM THE USE OF A DEVICE WHETHER DIRECT, INDIRECT, SPECIAL INCIDENTAL OR CONSEQUENTIAL, regardless of the theory asserted, including warranty, contract, negligence, or strict liability and if such disclaimer is not permitted by law, the duration of any implied warranty is limited to 90 days from the date of delivery. In the event of a dispute and absent of amicable resolution the parties mutually agree to waive class action in favor of mandatory individual arbitration of claims under this limited warranty in accordance with the laws of the State of New York. The lab does not guarantee the performance of independent carriers.

Dentist Signature \_\_\_\_\_ License # \_\_\_\_\_ Date Rx Signed \_\_\_\_\_