



HARRISON DENTAL STUDIO, INC.
 5 EAST WENTWORTH AVENUE
 WEST ST. PAUL, MINNESOTA 55118
 PHONE: (651) 457-6600 1-800-899-3264
 FAX: (651) 457-8869 www.harrisdentalstudio.com

FIXED RX

CASE #

[]

LAB USE ONLY

Received _____
 Models _____
 Tray _____
 Crown/Bridge _____
 Bite _____
 Partial/Denture _____

Dr. _____ Date Sent _____
 _____ Appt. Date _____
 _____ Appt. Time _____

Patient _____ DOB: _____

Tooth # _____ Shade _____ Stump Shade (Required for Ant.) _____

METAL FREE

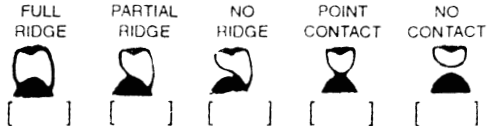
PFM

FULL CAST

MARGIN DESIGN

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Artisan P (Emax Press) | <input type="checkbox"/> Noble White | <input type="checkbox"/> High Noble Yellow | <input type="checkbox"/> No Metal Showing |
| <input type="checkbox"/> Artisan P Layered | <input type="checkbox"/> High Noble White | <input type="checkbox"/> Noble Yellow | <input type="checkbox"/> Lingual Collar |
| <input type="checkbox"/> ArtisanZ HT (High Translucent Zirconia) | <input type="checkbox"/> High Noble Yellow | <input type="checkbox"/> Noble White | <input type="checkbox"/> Buccal Metal Band |
| <input type="checkbox"/> ArtisanZ HS (High Strength Zirconia) | | | <input type="checkbox"/> Porcelain Butt Margin |
| <input type="checkbox"/> Zirconia - Layered | | | |
| <input type="checkbox"/> Lab choice for best material | | | |

Pontic Design



Email photos to photos@harrisdentalstudio.com or/ visit our website for HIPPA Compliant photo upload

D.D.S. _____

LIC NO. _____

Any supplies needed, please call
 our office or ask our driver.

FM4-RX-005-00

LIKE US ON FACEBOOK
 facebook.com/harrisdentalstudio

VISIT OUR WEBSITE
 HarrisonDentalStudio.com

Terms and Warranty Information

TERMS: All accounts are payable in full within 30 days of statement date. Accounts not paid within the stated terms will be subject to an interest charge of 1.8 percent and possible COD status. Prices are subject to change without notice.

We honor Visa, MasterCard, American Express & Discover

LIMITED WARRANTY/LIMITATION OF LIABILITY: Harrison Dental Studio Inc. warrants that all dental devices are manufactured according to your specifications and approval in the belief that the device will be useful. Subject to the return of a device that is placed and then fails, due to materials or workmanship, the lab will repair or replace the device without charge for the cost of materials and labor or refund the original price paid, at Harrison Dental Studio's option, as follows:

- (1) all porcelain/metal free, porcelain to metal, full metal, crowns, bridges (excluding composite resin Maryland bridges and composite resin inlay/onlay bridges), inlay/onlay, milled implant bars, screw retained implant abutments (excluding implant abutments with 20 degree or more of angulation), up to five (5) years.
- (2) Dentures and partials (excluding immediate partials and dentures), up to one (1) year.
- (3) Thermoformed appliances, occlusal splints, composite resin Maryland and inlay/onlay bridges, up to six (6) months.
- (4) Immediate dentures and partials, flippers, retainers, provisionals and **repairs** up to thirty (30) days.

All remakes are no charge if returned within 30 days of invoice, charges will apply if:

- (1) A new impression was requested and not provided.
- (2) The margins of prep are questioned and said margin is approved for use by the prescribing clinician.
- (3) A shade different from the original Rx is requested.
- (4) A restoration or an appliance different from the original Rx is requested.
- (5) The prepared tooth is reprepared either clinically or reprepared in the laboratory per prescribing clinician's direction.

You agree to pay all other costs of adjustment, repair and replacement of a device. Except where prohibited by law, Harrison Dental Studio WILL NOT BE LIABLE FOR ANY LOSS OR DAMAGES ARISING FROM THE USE OF A DEVICE, WHETHER DIRECT, INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL. In the event of a dispute not being resolved amicably both parties mutually agree to waive class actions in favor of a mandatory arbitration of claim under this limited warranty in accordance within the laws of the state of Minnesota. By signing Harrison Dental Studio prescription form you agree to the above terms and warranties.