



7855 NW 29th St. • Ste. 190 • Miami, FL 33122
 800-479-5203 • Fax 800-471-9762
 www.smithsterling.com • mail@smithsterling.com
 FL LICENSE #: DL 10223

Dr. Name _____ Dr. Phone # _____
 Dr. Account # _____ Patient _____
 (First) (Last)
 Address/E-mail _____ Deliver by 5 p.m. on See reverse for in-lab times
 Date Sent: _____ Date Due: _____ Try-In: Yes No Age: _____ Sex: M F

SHADE NO. _____
 TOOTH NO. _____

PONTIC DESIGN

Partial Ridge
 Full Ridge
 Sanitary
 Bullet

ANTERIOR METAL DESIGN

POSTERIOR METAL DESIGN

Full porcelain coverage
 Porcelain with lingual metal collar
 360° metal hairline or _____mm
 Metal occlusal excluding buccal cusp
 Metal occlusal including buccal cusp

OCCLUSAL STAINING

None
 Light
 Medium
 Dark

INSTRUCTION FOR BUCCAL MARGIN

Metal-porcelain junction margin
 Porcelain butt margin

Enclosed with case: Impressions Models Bite Photos Other: _____

Rx SPECIFIC INSTRUCTIONS
NOTE: Please send a study model on all work involving anterior teeth.

Place Shipping Airbill Tracking Sticker Here

Signature: _____
 License #: _____

PORCELAIN TO METAL

Non-Precious
 Maryland Bridge
 White Noble (79% Pd)
 White High Noble (45% Au)
 Captek (84.5% Au)
 Yellow High Noble (76.6% Au)
 Goldtech Bio 2000 (99.7% Au)

ALL-CERAMIC

BruxZir
 Prismatic CZ
 Generic Zirconia
 IPS Empress Esthetic
 IPS e.max
 Cercon

FULL-METAL

Yellow Noble (40.9% Au)
 Yellow High Noble (57.5% Au)
 Yellow High Noble (77% Au)
 White High Noble (45% Au)
 White Noble (79% Pd)
 Non-Precious

TEMPORARIES

Hi-Tech Temps
 Hi-Tech Temps with metal
 Diagnostic Wax-Up

BITE SPLINTS

Comfort H/S Bite Splint
 Comfort Bite Splint (hard)
 Soft Bite Splint

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IN-LAB WORKING TIMES

Please allow full working time for each product selected.
Working times do not include weekends or holidays.

5 working days for BruxZir.

9 working days for all other restorations and appliances.

**To schedule your case pick-up,
call 800-479-5203**

TERMS AND WARRANTY INFORMATION

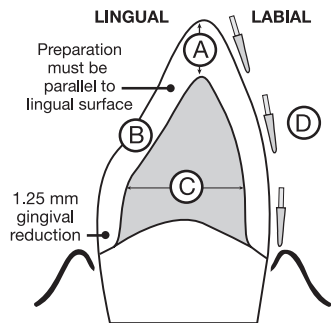
We honor VISA, MASTERCARD, DISCOVER CARD & AMEX.

TERMS: All accounts are payable within 30 days of statement date. **Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance.** Prices subject to change without notice.

LIMITED WARRANTY/LIMITATION OF LIABILITY. Smith-Sterling Dental Laboratories warrants that all dental devices are made according to your specification. 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) porcelain to metal, all porcelain, all metal, single-unit inlay, onlay and crown composite resin final prosthetics and screw-retained titanium or zirconia abutments (excluding abutments with angulations greater than 20 degrees), up to seven years; (2) composite resin bridges (excluding Maryland and inlay/onlay bridges) up to five years; (3) Transition Crowns and Bridges® up to two years; (4) removable appliances if the failure is due to defects in materials or workmanship, provisionals, composite resin Maryland and inlay/onlay bridges, and all other dental devices up to six months. You agree to pay all other costs of adjustment, repair and replacement of devices. The laboratory does not warrant that such devices are fit for any particular purpose 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. The lab does not guarantee the performance of independent carriers.

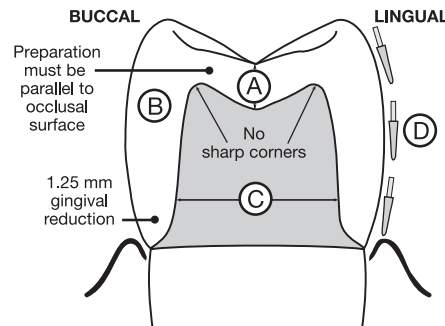
PREPARATION GUIDELINES

PFM ANTERIOR



- A. 2.0 mm incisal reduction
- B. 1.5 mm middle third reduction
- C. Labial and lingual walls must be convergent
- D. Preparation should be cut in three planes

PFM POSTERIOR



- A. 2.0 mm occlusal reduction
- B. 1.5 mm middle third reduction
- C. Buccal and lingual walls must be convergent
- D. Preparation should be cut in three planes

SMITH-STERLING USE ONLY

TELEPHONE CALL RECORD

DR. _____ ACCT# _____

PATIENT _____

RE: _____

RESULT _____

DATE DUE IN OFFICE _____

DATE OF CALL _____ INITIAL _____

LABS: There is no charge for one inbound and one outbound shipment per case, except for Generic Zirconia copings which will be charged \$9 outbound shipping per case. Additional overnight shipments for die trims, metal try-ins, reshades to a new shade, and returns for glazing will be charged at \$9 per box each way.

DENTISTS: There is no charge for one inbound and one outbound shipment per case. Additional overnight shipments for die trims, metal try-ins, and reshades to a new shade will be charged at \$9 per box each way.