

ALLCERA

DENTAL LAB

1807 W. 34th Street, Houston, TX 77018
 allceradentallab.com • customerservice@allceradentallab.com

Send Your Cases to Allcera Dental Today!

(844) 792-6291

IMPORTANT: Please call ahead to arrange rush cases.

CROWN & BRIDGE

SELECT: CROWN BRIDGE INLAY/ONLAY VENEER

ZIRCONIA

- Full Contour Zirconia
- Zirconia Layered (PFZ)
- BruxZir Solid Zirconia
- BruxZir Anterior Solid Zirconia

ALL-CERAMIC

- Lithium Disilicate

FULL CAST

- Non-Precious
- Semi-Precious
- White Gold HN
- Yellow Gold HN

PORCELAIN TO METAL

- Non-Precious
- Semi-Precious
- White Gold HN
- Yellow Gold HN

C & B EXTRAS

- Rest
- Wing
- Fit to Partial
- Diagnostic Wax-up

MARYLAND BRIDGE

COMPOSITE

TEMPORARY

IMPLANTS (Servicing All Major Implant Brands)

FCZ & Titanium Abutment Bundle (Crown, Abutment, Screw, Analog, Tissue Model, Labor)

CUSTOM/SELECT ABUTMENT: Titanium Zirconia

- Stock Abutment
- Custom Abutment

Size _____

Parts Supplied by Doctor Manufacturer _____

FIXED CASE SPECIFICATION

SELECT Complete Porcelain Bake Glaze/Polish
 STAGE: MTI / Coping Bisque Bake Finish

BUCCAL MARGIN

- Porcelain Butt Margin
- 360° Porcelain Butt Margin

STAINING

- Light Heavy
- Medium None

METAL DESIGN



PONTIC DESIGN



OCCLUSAL CLEARANCE

- Light
- Open
- Tight

CONTACT

- Light
- Medium
- Heavy

IF INSUFFICIENT ROOM:

- Adjust Opposing
- Reduction Coping
- Metal Occlusal / Lingual

R

REQUIRED INFORMATION

Doctor: _____ Lic. #: _____ Account #: _____

Address: _____ Due Date (by 5 pm): _____

City/State/Zip: _____ Turnaround Time: Fixed (8 Days) Removables (10 Days)

Phone: _____ Rx Date: _____ Patient Next Appt.: _____

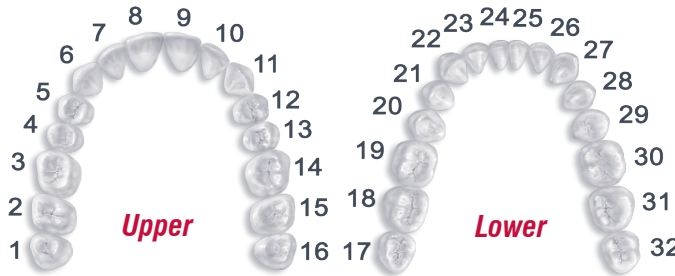
Dr. Signature ^: _____ Patient Name: _____ / _____ M F

SPECIAL INSTRUCTIONS

TOOTH #: _____

SHADE: _____

STUMP SHADE: _____



REDO CASE

REMOVABLE PROSTHETICS

SELECT: FULL DENTURE PARTIAL UNILATERAL

TISSUE SHADE:

- Light Pink
- Pink
- Ethnic

SELECT STAGE:

- Complete (One Stage)
- Set to Enclosed Frame
- Wax Try-in w/Teeth
- Frame Try-in
- Final Process

UPGRADE TO PREMIUM TEETH

NON-METAL PARTIALS

- Flexible Partial

ACRYLIC PARTIALS

- Flipper (1 Tooth)
 - Stayplate* (2-5 Teeth)
 - Acrylic Partial* (6+ Teeth)
- *Includes wire clasps

FULL DENTURES

- Standard
- Premium

IMMEDIATES

- Extract All
- Extract tooth # _____

CAST METAL PARTIALS

- Cast Metal (Chrome Cobalt)
- Vitallium 2000

BITESOFT SPLINT THERAPY (Upper Arch only)

- Anterior Full Arch
- SELECT: Dual Laminate Thermo-lined

COMBO PARTIALS

- Cast Metal Partial w/Flexible Saddles/Clasps

NIGHT GUARDS

- Hard Soft
- Hard/Soft Combo

MAJOR CONNECTOR

- Lab Select
- Horseshoe
- Palatal Strap
- Full Palate
- Lingual Bar
- Lingual Plate
- A-P Strap

SPORTS GUARD

- Pro-Form Sports Guard

REMOVABLE EXTRAS

- Wax Bite Block Custom Tray Reline Hard
- Wax Bite Rim Bleach Tray Reline Soft
- Cusil # _____ Rebase Repair

CASE MATERIALS ENCLOSED:

- Impressions Bite Registration Models Implant Parts

REQUEST FREE SUPPLIES:

- Rx Forms Case Boxes FedEx Labels

REDO: Yes No

ORIGINAL PRODUCT ENCLOSED: Yes No

TURNAROUND TIME**Days InLab[†]**

Fixed	8
Removable	10
Implants*	10 ⁺

*Additional time maybe required to order parts.

[†]Excludes Weekends & Holidays. Working times are not guaranteed.

Please Note: A case requiring a call from a technician or scheduling department may cause delays to the fabrication process.

RUSH SERVICES/FEES[^]**Days InLab**

“Rush 25” - \$25 Per Unit/Per Arch 5

[^]Rush services/fees are not available for all products and subject to change during the holiday seasons. To arrange rush service for your case, contact Allcera Dental Lab’s Scheduling Department. Rush fees not subject to credit.

STANDARD PICK-UP/DELIVERY CHARGES

\$5.00 per box / \$5.00 per case invoice applies to removable cases only.

\$3.00 per box / \$3.00 per case invoice applies to night guard cases only.

NO SHIPPING FEES

Applies only to fixed cases.

All cases are delivered next day air by 5 pm to your office. Additional time and fees may apply to outlying areas. Alaska, Hawaii and International excluded.

ALLCERA DENTAL LABORATORY TERMS & POLICIES [^]

By signing or sending this Rx slip (or a substitute therefore) to Allcera Dental Laboratory (d.b.a. Allcera Dental Lab), I agree to abide by all terms and policies listed below.

All statements must be paid in full by the 22nd of the month in which the statement is prepared. Any amounts not paid by the last business day of such month will incur a 2% finance charge per month, and the account will be automatically placed on C.O.D. terms. All cases will be billed in stages and will be paid in full according to stage. All cases and items sent remain the property of Allcera Dental Laboratory, until client’s account is paid in full. A minimum of \$50.00 will be charged for returned checks. All disputes shall be governed in all respects by Texas law and client agrees to submit to the exclusive jurisdiction of, and venue in the County of Montgomery, State of Texas in any dispute, with the prevailing party to recover attorney’s fees, court costs and other expenses, including actual expert witness fees, if any, in addition to any other relief to which prevailing party may be entitled.

Please visit allceradentallab.com for complete warranty and remake information.