



Doctor's Name _____ Phone _____ Fax _____

Address _____ Patient's Name _____

City/State/ZIP _____

Email Address _____

Promotion Code _____

Requested Delivery Date _____

- Express Service - **Single Arch Only** (Shades B1, A1, B2, A2, A3 & A3.5)
Allow 9 working days from case acceptance in the lab. Only honored if the above box is checked.
- Standard Delivery - Allow 18 working days from case acceptance in the lab

FOR STUDIO USE ONLY

DATE RECEIVED #: _____ PAN #: _____

OPEN INITIALS: _____

INCOMING QC NOTES: _____

ORIGINAL ORDER #: _____

REMAKE/REPAIR REASON CODE: _____

STAGE: _____

REMAKE REASON: _____

CUSTOMER #: _____

O/E INT: _____

NEW ORDER #: _____

STAGE: _____

A. CASE TYPE

How Many Arches? **1 Arch** **2 Arches**

- Snap-On Smile Full Arch (6 units or more)
- Snap-It! Quadrant (5 units or less)
- Snap-On Smile remake
- Snap-It! remake

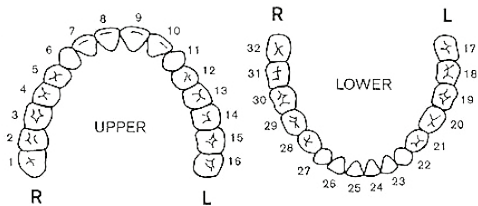
B. PATIENT TREATMENT MODALITY

Please check all that apply

- Cosmetic Removable Partial Denture
- Cosmetic Smile Enhancement
- Implant Temporary Restoration

C. CASE DESIGN

Please use diagram below for case design and mark off extractions/pontics



F. PONTIC DESIGN

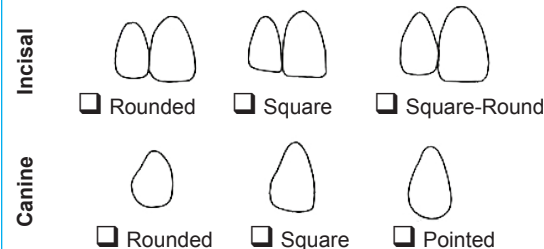


E. CASE DESCRIPTION

Please fill in all that apply

- 1a. Upper
- 1b. Tooth # _____ to Tooth # _____
- 2a. Lower
- 2b. Tooth # _____ to Tooth # _____
- 3. List teeth to be extracted _____
- 4. List pontics to be replaced _____
- 5. Raise gingival margins on Teeth #'s _____ mm
- 6. Increase incisal length _____ mm
- 7. Raising vertical dimension (as a standard when raising vertical dimension, there is full occlusal coverage)
 - a. Raise posterior _____ mm
 - b. Raise anterior _____ mm
- 8. **Occlusal holes (leave occlusal surface open to maintain vertical dimension)**
 - Upper Lower Both None
- 9. Lingual windows on anterior teeth (uppers only)

F. SHAPE



G. SHADE (see reverse for available shades)

Specify Shade Guide _____ Number _____

Specified Desired Shade _____

Shade changes from original are not covered by warranty. See reverse side for available shades.

H. IMPRESSION REQUIREMENT CHECK LIST

All boxes **MUST** be checked "YES" to complete your order

	YES	NO
1. Did you use PVS material?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you use full arch impression trays?	<input type="checkbox"/>	<input type="checkbox"/>
(Triple Trays cannot be used)		
3. Did you take a bite registration?	<input type="checkbox"/>	<input type="checkbox"/>
(Wax bites cannot be used)		
4. Are ALL teeth to be fabricated included in impression?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you reviewed the gingival margin of all teeth to ensure there are no pulls?	<input type="checkbox"/>	<input type="checkbox"/>

I. CASE ENCLOSURES

- Polyvinyl/Polyether Impression Patient Photo
- Bite Registration Other
- Opposing Arch Model/Impression

Dr. Signature _____

License # _____

Date _____

PLEASE NOTE: By submitting this Rx, I agree to terms and conditions on reverse side.

Shipping

For standard delivery, please allow 18 working days from date of case acceptance. For express delivery, please allow 9 working days from date of case acceptance. Acceptance includes acceptable impressions/models, bite registration, and complete prescription information. Working days do not include weekends or holidays. Times do not include time in transit and times do not include the day the case is shipped.

Shade options:

Snap-On Smile/Snap-It! is available in 19 monochromatic shades: A1, A2, A3, A3.5, A4, B1, B2, B3, B4, C1, C2, C3, C4, D2, D3, D4 and three bleach shades.

Snap-On-Smile® /Snap-It!™ Limited Warranty

This warranty covers any defects in materials or workmanship in Snap-On Smile/Snap-It!™ and runs for one (1) year from the date patient receives the Snap-On Smile/Snap-It!.

Warranty covers:

DenMat will repair or replace a Snap-On Smile/Snap-It! that proves to be defective in materials or workmanship. In some cases, a new Snap-On Smile/Snap-It! may need to be manufactured either from the existing impression or from a new impression taken by a dentist. The repaired or replacement Snap-On Smile/Snap-It! will be covered under the original warranty for the remaining time, if any, of the warranty period.

If your Snap-On Smile/Snap-It! becomes damaged during the warranty period, and the conditions set forth in this warranty have been met and no exclusion applies, return to the dentist who provided the Snap-On Smile/Snap-It! for diagnosis. If the providing dentist no longer is available, contact DenMat at 800-926-1500 for another authorized dentist in your area. The selection of the dentist in the warranty process will be within the sole discretion of DenMat.

It is the responsibility of the dentist to send the item for repair to DenMat freight pre-paid at any time during the warranty period. There will be no handling charge for warranty work for the first 90 days of the warranty period. During this initial 90 day period, there will be no charge for repair or replacement and return freight. After 90 days, there will be a \$49 handling fee (US dollars) for all warranty claims, which will include return shipping.

Conditions that must be met for warranty to apply:

1. To obtain warranty service, the providing dentist will need a Return Authorization Number from DenMat. This can be obtained by calling 800-926-1500, or by emailing warranty@snaponsmile.com. If emailing, please provide a description of the problem.
2. If patient purchased the Snap-On Smile/Snap-It! directly from DenMat on credit terms, payments must be current to receive warranty service.

Warranty does not cover:

1. Cash refunds.
2. Changing shade from the original prescription request. No shade change will be made in any warranty claim for any reason.

3. Modifying the teeth numbers from the original prescription request.
4. Damage or defects resulting from: a) failure to follow DenMat's instructions, b) improper insertion, c) abuse or d) improper dental hygiene.
5. Incidental or consequential damages, exemplary damages, including inconvenience, lost wages or pain and suffering.
6. Claims resulting from modifications made by the patient or dentist to Snap-On Smile/ Snap-It!.
7. Any dental fees charged by dentist are not covered unless specifically approved in writing in advance by DenMat.

Your Rights Under State Law:

This warranty gives you specific legal rights and you may also have other rights which vary from state to state. Some states do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply to you. In addition, some states do not allow limitations on how long an implied warranty lasts, so the above limitation may not apply to you.

Optional "No Fault" Extended Limited Warranty (for Snap-On Smile appliance only):

For \$99 (US dollars), a "No Fault" Extended Limited Warranty may be purchased that provides repair or replacement of your Snap-On Smile for three (3) years (two additional years beyond the standard Limited Warranty). This extended coverage means DenMat will repair or replace your damaged Snap-On Smile, no questions asked, for any reason whatsoever, even if the damage is the patient's or dentist's fault. All other terms and conditions of the Snap-On Smile Limited Warranty apply. This offer is valid for 30 days after receipt of appliance. To purchase, please call 800-926-1500.

SPECIAL INSTRUCTIONS

For best results, please provide detailed appliance instructions in the space provided.