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Dr. _____ Due Date: _____
by 5pm
Phone (____) _____ Age: _____ M F
Address _____
City, State, Zip _____

Patient Name _____
First Last

Please remember to indicate the Shade, Metal Type, & Due Date

Please Send:
 Boxes Lab Slip Shipping Label
 Please Have a Technician Call
Dr. Signature _____
License #: _____
Date Sent _____

*By signing below I acknowledge that this form represents the full and complete Agreement between the parties. This Agreement is subject to terms and conditions set on the reverse and such terms are part of this agreement.



PAN - LAB USE ONLY

DELIVER DATE - LAB USE ONLY

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

- Finish
- B.B. Try-in
- Metal Try-in
- Diagnostic Wax Up

Pontic Design



Items Enclosed

- Impressions Upper Lower
- Bites Implant Type: _____
- Models
- Other _____

Shade & Length



Shade: _____
Stump: _____
Central Length: _____

Implant Prosthetics

- Screw Retained- PFM
- Screw Retained-Hybrid
- Cement Retained - PFM
- Cement Retained -Zirconia
- Ti CAD/CAM Abutment
- Surgical Stent

Porcelain Fused to Metal

- Nobel Alloy High Nobel
- High Nobel Yellow Non- Precious
- Full Yellow Gold Crown 62% Au
- 77% Au

Provisionals

- PMMA
- Wired Reinforced
- Fiber Reinforced

All Ceramic Restorations

- GIE Z-Ceram Layered
- GIE FZ Crown Feldspathic
- BruxZir™ Ultra- Thin
- 3m Lava IPS E.Max
- IPS Esthetic IPS E.Max CAD

All Restorations Proudly Made in the USA



Night Guards Hard Soft Sport Guard (Specify the color)
 Hard & Soft Retainer (Ortho)

Finishing Line
 NO Lingual Metal Collar

Porcelain Butt Joint Margin
 Buccal Metal Collar

Removables

- Full Upper/ Lower Denture
- Bite Block
- Reline Hard Soft
- Vita Teeth (no charge)
- Premium Brand (extra charge)

Partials

- Valplast
- Valplast with Metal Frame
- TCS
- Stay Plate
- Flipper
- Chrome Cobalts

Misc.

- Frame Try-in
- Set Up Try-in
- Custom Tray
- Rest On _____
- Cast Clasp
- Esthetic Clasp

Fixed Screw Retain or Cement Retain

Whole Upper or Lower

- Fixed Screw or Cement Retain
- Full Arch Zirconia Fixed Implant Prosthesis
- Hybrid Screw Retain
- Bar Over Denture (Snap-On)

LAB USE ONLY

Enter: _____ Model/Pour: _____
Start Finish Start Finish
Wax: _____ Framework: _____
Start Finish Start Finish
Polish: _____ Ship: _____
Start Finish Start Finish

TERMS & CONDITIONS

We Honor Visa, Mastercard, and Amex

TERMS: Cost of the collection for 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 a late charge of 2 % of the unpaid balance.

Prices subject to change without notice. Rx must be enclosed

with original case submission.

LIMITED WARRANTY/LIMITATION OF LIABILITY. GIE Dental Laboratories ("GIE") warrants that all dental devices (a "device")

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 WARRANTY OF

MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

Subject to the return of a device that is placed and then fails, GIE will repair

or replace the device without charge for the cost of

materials and workmanship or refund the original price paid, at GIE's option,

as follows: (1) screw-retained implant abutments up to

20 years (including replacement of a device that was made by GIE that was

attached to said abutments and including an Inclusive[®]

Tapered titanium dental implant upon request at no extra charge); (2)

porcelain to metal, all ceramic, all metal, single-unit inlay, onlay and crown

composite resin final prosthetics, and screw-retained crowns and implant

bars, up to seven years; (3) composite resin bridges (excluding Maryland and

inlay/onlay bridges) up to five years; (4) Transition Crowns and Bridges[®] up

to two years; (5) dentures and including screw-retained dentures but

excluding immediate and provisional dentures up to one year if the failure is

due to defects in materials or workmanship; (6) thermoformed appliances and

splints. If the failure is due to defects in materials or workmanship, composite

resin, Maryland and inlay/onlay bridges, flippers and Reflex[™] Plus and

provisional partials up to six months; (7) Smile Transitions[™] cosmetic

appliances, immediate and provisional dentures, partials, retainers, surgical

stents and radiographic guides, and all other dental devices up to thirty days

if the failure is due to defects in materials or workmanship. This Warranty is

exclusively for your benefit, is not transferable and does not extend to any

patients. You agree to pay all other costs of adjustment, repair, and

replacement of a device.

Except where prohibited by law, GIE 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 an amicable resolution the parties mutually agree to

waive class actions in favor of mandatory individual arbitration of claims

under this limited warranty in and in accordance with the laws of California.

GIE does not guarantee the performance of independent carriers.Name