



OTTAWA DENTAL
LABORATORY, LLC

Dr. _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Patient: _____ Age: _____ Gender: _____

Case Due: _____ (by 5:00PM)

Pt. Appt. Date: _____ Time: _____

Please Send: _____ Rx's _____ Boxes _____ Fee Schedule

OTTAWA: 1304 Starfire Drive P:800-851-8239 F:815-434-0760

CHICAGO: 111 N. Wabash, Suites 1100 & 1720 P:312-332-4900 F:312-332-4740

BLOOMINGTON: 208 N. Williamsburg Drive P:309-662-1211 F:309-662-8090

SOUTH BEND: 119 W. Ireland Road P:574-291-4115 F:574-291-1144

Email: odl@ottawadentallab.com Send Photos To: shvision@ottawadentallab.com
www.ottawadentallab.com

- Enclosed:**
- Impression
 - Working
 - Opposing
 - Bite
 - Study
 - Articulator
 - Crowns
 - Die
 - Shade Guide
 - Photos
 - Denture
 - Partial
 - Setup
 - Bite Rim
 - Frame
 - Custom Tray
 - Implant Part
 - Analog
 - Transfer
 - Abutment

INSTRUCTIONS: _____ Try-in _____ Die Trim _____ Finish

Shade: _____

Stump Shade: _____

Doctor Signature*: _____ Date: _____ License: _____

* Subject to terms and conditions on the reverse side

All-Ceramic

- OZ (Full Contour Zirconia)
- OZT (High Translucent Zirconia)
- CubeX2 (Translucent Zirconia)
- e.max® CAD Monolithic Layered
- Ottawa Esthetic Zirconia Crown (Layered)
- LAVA® Zirconia (Layered)
- Nobel Procera® (Layered)
 - Zirconia Alumina
- Maryland Bridge - Zirconia
- Feldspathic Labial Veneer
- No-Prep Veneer

Porcelain To Metal

- White High Noble
- Yellow High Noble
- White Semi Precious *flat rate*
- Non-Precious
- CAPTEK™
- Maryland Bridge

All Metal

- Yellow High Noble
- Type II Type III Type IV
- Yellow Semi Precious - Type III
- White Semi Precious
- Y+ Noble - *flat rate*
- Non-Precious: White Yellow

All Composite

- Sinfony™ Maryland Bridge

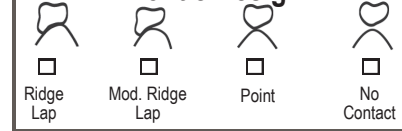
Temporaries

- True Temps™ Milled PMMA
- Abutment Tooth #'s: _____
- Pontic Tooth #'s: _____
- Splinted Single Units
- Reinforcement:
 - Cast Metal Frame Ribbond

PFM Margin Design

- 360° Porcelain Butt
- 180° Porcelain Butt
- No Metal Showing
- Lingual Band (default)
- 360° Metal Band

Pontic Design



Shade: _____ Stump Shade: _____

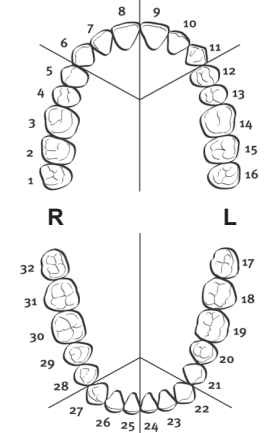
Value: _____ High (bright) _____ Medium _____ Low



Occlusal Staining: _____ Light _____ Dark
_____ Medium _____ None

IF THERE IS INSUFFICIENT ROOM:

- Reduce Prep
- Relieve Opposing
- Reduction Coping
- Place Metal Island
- Call Me



Implants

- ODL Standard CAD/CAM Abutment & Crown**
- Abutment Type:** _____ **Abutment Material:** _____ **Crown Type:** _____
- Nobel/Procera® Titanium PFM Semi-P
 - Astra/Atlantis® Zirconia PFM High
 - Straumann®/Etikon Gold Hue e.max®
 - Zimmer®/PSA Titanium ODL Esthetic Zir
 - BioHorizon® OZ-Full Contour
 - BioMet 3i®/Encode CubeX2
 - Thommen/Procera®
- Call Dr. to discuss abutment options
- Fixed Margin Implant Crown
 - Lab Prepped Implant Crown (Stock)
 - PFM Screw Retained Crown (UCLA)
 - All-Ceramic Screw Retained Crown (one piece)
 - OEZ (Layered) OZ (Bruxing) OZT CubeX2 e.max®
 - CAD/CAM Milled Titanium Bar
 - CAD/CAM Milled Pekkton® Bar
 - CAD/CAM Milled Screw Retained Zirconia Bridge
 - Cutback/Layered Full Contour Individual Crowns

Full Dentures

- ODL Economy
 - ODL Premium
 - ODL Signature
- TEETH:
Mould: _____ Shade: _____
- Acrylic Shade**
- Pink - Ivocap/199
 - Lt. Ethnic Med. Ethnic Dark Ethnic
- Splints & Guards**
- Vacu Formed:**
- Comfort H/S™
 - Comfort Hard™
 - Sports Guard
- Heat Cured:**
- ODL Custom H/S
 - ODL Custom Hard
 - Hard Clear Astron Semi-Rigid

Partial Dentures

- Frame Only
 - Frame w/ Rim
 - Frame w/ Teeth Try-in
 - Frame w/ Teeth Finish
- Metal Free**
- Solvay Ultraire™ AKP
 - Zirlux® Acetal
 - DuraFlex™
 - Duracetal™ Clasp
 - Essix Provisional Appliance
 - Provisional Partial
- Sleep Appliances**
- TAP III® TAP III Elite®
 - Panthera DSAD® EMA®



TERMS AND CONDITIONS

Sole and Entire Agreement: Upon acceptance by Ottawa Dental Laboratory (“Ottawa”), this prescription, including these terms and conditions, shall constitute the sole and entire agreement between you and Ottawa. Ottawa shall not be bound by any additional provision or any provision that varies herewith or that may appear in any other communication that you have sent to Ottawa unless such provision is expressly agreed to in a writing signed by Ottawa. Your acceptance of or payment for goods or services furnished hereunder shall constitute acceptance of such goods or services subject only to the provisions set forth herein.

Compliance with the Illinois Dental Practice Act: Sec. 5b of the Illinois Dental Practice Act requires a licensed dentist who employs or engages services of a person, firm or corporation to construct or repair prosthetic appliance, to furnish a written work order on a form approved by the Illinois Department of Registration and Education which shall contain: (1) name and address of person, firm or corporation to which work order is directed. (2) patient’s name or identification number, and if number is used, patient’s name must be written upon duplicate copy retained by dentist. (3) date on which work was written. (4) description of work to be done, including diagrams if necessary. (5) specification of type and quality of materials to be used. (6) signature of dentist and number of his license.

Dentist and laboratory must retain their respective copies of work order for three (3) years for inspection at any reasonable time by The Department of Registration and Education or its duly authorized agents.

Failure of dentist to comply in any given case is a misdemeanor, and license may be revoked or suspended. Failure of laboratory to comply is a misdemeanor.

Sec. 5b(3) of the Illinois Dental Practice Act provides: “If the person, firm or corporation receiving a written order from a license dentist engages another person, firm or corporation (hereinafter redeemed to as ‘sub-contractor’) to perform some of the services relative to such work order, he or it shall furnish a written sub-work order with respect thereto on forms prescribed by the Department of Registration and Education which shall contain: (a) The name and address of the sub-contractor. (b) A number identifying the sub-work order with the original work order which number shall be endorsed on the work order received from the licensed dentist. (c) The date on which the sub-work order was written. (d) A description of the work to be done by the sub-contractor, including diagrams, if necessary. (e) A specification of the type and quality of materials to be used. (f) The signature of the person, firm or corporation issuing the sub-work order. The sub-contractor shall retain the sub-work order and the issuer thereof shall retain a duplicate copy attached to the work order received from the licensed dentist for inspection by the Department of Registration and Education or its duly authorized agents for a period of three (3) years in both cases. Failure of laboratories to comply is a misdemeanor.

Limitation of Remedies/Waiver of Damages: Ottawa warrants that its dental restorations will be free from material defects. In the event of a material defect, Ottawa, in its sole discretion, shall repair or replace the restoration, or issue a credit for the purchase price. You agree to accept these as your sole and exclusive remedy. To the maximum extent permitted by applicable laws, Ottawa expressly disclaims any other warranty or additional liability for any damages, including lost profits, and any special, consequential, incidental or exemplary damages that may result, directly or indirectly, in connection with the purchase of any dental restoration, including: cash refunds for work you completed, costs for removal of reinsertion, lost chair-time, transportation costs, lost wages, or allowance for pain and suffering.

Late Payments: All invoices shall be paid in full within 30 days. Any unpaid balance shall incur a late charge of 2%. In the event you fail to make payments (including late charges) when due, Ottawa may, in its sole discretion, withhold all goods or services that you have ordered from Ottawa until payment is received, and may require C.O.D. payments from you in the future.

Illinois law: This Agreement shall be governed by, and construed in accordance with Illinois law without regard to its conflicts of laws principles. You agree that all disputes arising out of this Agreement shall be subject to the exclusive jurisdiction of and venue in the federal and state courts within Cook County, Illinois, and hereby consent to the personal and exclusive jurisdiction of and venue in these courts. You shall be responsible for all costs and expenses (including attorneys’ fees) that Ottawa incurs to enforce its rights under this Agreement.