

Dr. _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Patient: _____ Age: _____ Gender: _____
 Case Due: _____ (by 5:00PM) *ODL Standard Turnaround Time Applied If No Date is Assigned*
 Pt. Appt. Date: _____ Time: _____



OTTAWA DENTAL
 LABORATORY, LLC

www.ottawadentallab.com

OTTAWA, IL: 1304 Starfire Drive
 CHICAGO, IL: 111 N. Wabash, Suites 1100 & 1720
 BLOOMINGTON, IL: 208 N. Williamsburg Drive
 SPRINGFIELD, IL: 4777 Alex Boulevard
 SOUTH BEND, IN: 119 W. Ireland Road

P:800-851-8239 F:815-434-0760
 P:312-332-4900 F:312-332-4740
 P:309-662-1211 F:309-662-8090
 P:800-657-1404 F:217-793-3195
 P:574-291-4115 F:574-291-1144

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

ILLINOIS LOCATIONS
 Shade Email: shvision@ottawadentallab.com
 Digital Email: digital@ottawadentallab.com

INDIANA LOCATIONS
 Shade Email: sbend@ottawadentallab.com
 Digital Email: digitalsb@ottawadentallab.com

- Enclosed:**
- Articulator
 - Drs. Articulator
 - Drs. Box
 - Alginate Impression
 - Upper Impression
 - Lower Impression
 - Upper Model
 - Lower Model
 - Soft Tissue Model
 - Mounting Plates
 - Bite
 - Crowns
 - Tooth Chips
 - Die
 - Shade Tab
 - Photos
 - Denture
 - Partial
 - Set-up
 - Bite Rim
 - Frame
 - Custom Tray
 - Night Guard
 - Appl Container
 - Implant Parts
 - Post
 - Verification Jig
 - Diagnostic Waxup
 - Surgical Guide
 - CD

INSTRUCTIONS: Die Trim Try-in Finish

Call before manufacturing.

Tooth #: _____

Shade: _____
 Custom

Stump Shade: _____
 Dark Stump

Doctor Signature:** _____ **Date:** _____ **License:** _____

***Subject to terms and conditions on the reverse side.*

IF THERE IS INSUFFICIENT ROOM:

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

All Ceramic **ODL Preference**

Monolithic

- OZ (Full Contour Zirconia)
- OZT (High Translucent Zirconia - Up to 3 units for bridges)
- OZ Signature (Polychromatic)
- e.max® CAD
- Maryland Bridge
- e.max® Full Contour Zirconia

Layered **ODL Preference**

- OEZ (Ottawa Esthetic Zirconia - Layered)
- e.max® Layered
- Empress Esthetic
- Maryland Bridge - Layered Zirconia
- e.max® Veneer
- Empress Veneer

Porcelain To Metal

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

PFM Margin Design

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

Pontic Design

Ridge Lap

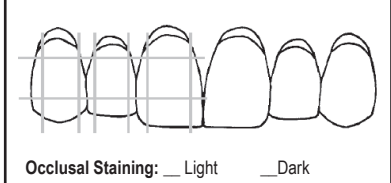
Mod. Ridge Lap

Point

No Contact

Shade: _____ **Stump Shade:** _____
 Dark Stump

Value: High (bright) Medium Low



Occlusal Staining: Light Dark
 Medium None

Implants

ODL will use authentic manufacturers' parts.

- 1.) Please specify implant manufacturer: _____ Diameter: _____
- 2.) Screw-Retained OR Cement-Retained
- 3.) Abutment Type: _____
 Custom Abutment UCLA Custom Cast Abutment (*call for estimate*)
 Ti Base Temporary Abutment
- 4.) Abutment Material Type:
 Titanium
 Gold Hue
 Zirconia
- 5.) Crown Type:
 OZ (Full Contour Zirconia) e.max® CAD
 OZT (High Translucent Zirconia) e.max® Layered
 OZ Signature (Polychromatic) PFM Semi-Precious
 OEZ (Ottawa Esthetic Zirconia - Layered) PFM High Noble
 PMMA Full Cast Gold

Implant Specialty Cases

- CAD/CAM Milled Titanium Bar - Hybrid Denture
- CAD/CAM Milled Screw-Retained Zirconia Bridge
- CAD/CAM Milled Thimble Bar with Individual Crowns

Call to discuss material/abutment options.

Full Dentures

Acrylic Shade:

- ODL Economy Pink - Ivocap/199
- ODL Premium Lt. Ethnic
- ODL Signature Dark Ethnic

TEETH:
 Mould: _____ Shade: _____

Splints & Guards

Vacu-Formed (not articulated):

- Comfort H/S™ Comfort Hard™
- Comfort Soft™

Custom (heat-cured/articulated & excursions):

- ODL Custom H/S ODL Custom Hard
- Semi-Rigid

Sports Guards:
 Standard Tri-Layer

Color: _____

Metal Partial Dentures

- Metal (Chrome Cobalt)
- Frame Only
- Frame w/ Rim
- Frame w/ Teeth Try-in
- Frame w/ Teeth to Finish

All Resin Partial Dentures

- DuraFlex™
- VisiClear®
- Zirlux® Acetal
- Provisional Partial
- Wrought Wire Clasps
- Duracetal Clasps (*add 3 days*)
- Clear Clasps (*add 3 days*)

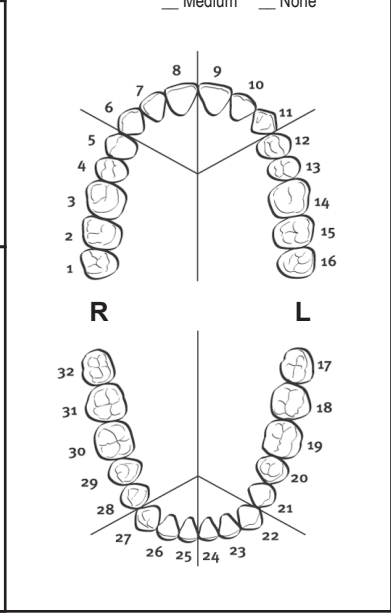
All Metal

- Yellow High Noble
- Type II Type III Type IV
- Yellow Noble - Type III
- White Noble
- AU2 Noble **flat rate**
- Non-Precious

Temporaries

- Milled PMMA
- Essix Provisional Appliance
- Abutment Tooth #'s: _____
- Pontic Tooth #'s: _____
- Splinted Single Units

Reinforcement:
 Cast Metal Frame Ribbon





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.