



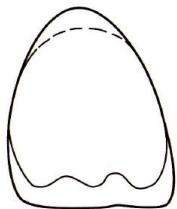
Call Us
423-518-1000

Doctor/Practice: _____

IMPORTANT PATIENT INFORMATION

Patient: _____ Age: _____ M F

FACE SHAPE/TOOTH SHAPE:



RECTANGULAR
Strong



TRIANGULAR
Dynamic



OVATE
Delicate



SQUARE
Calm

TOOTH MOULD: _____ Standard Premium

VITA CLASSIC/3D SHADE: _____ TISSUE SHADE: _____

RESTORATIVES

MONOLITHIC:

- ALL-CERAMIC
- ZIRCONIA
- FULL CAST GOLD

PORCELAIN FUSED TO:

- CERAMIC
- METAL
(Semi-Precious Standard)
- ZIRCONIA

- Custom Shade - Pics Sent
- Diagnostic Wax/Treatment Planning
- Custom Shade - In Lab
- Office Visit
(Additional Fees)

STAIN OPTIONS:

- NO STAIN
- MODERATE STAIN
(Standard)
- HEAVY STAIN

GLAZE OPTIONS:

- NO GLAZE
(Polish Only)
- ANATOMICAL/LIGHT GLAZE
- SMOOTH GLAZE
(Standard)

IMPLANT - RESTORATIVES

ABUTMENT SELECTION:

- TITANIUM ABUT Stock
- ZIRCONIA ABUT Custom
- CERAMIC ABUT Ti Base
- Screw-Retained Cement-Retained
- VERIFICATION JIG
- SEATING JIG
- ALL-ON-X
(Provide Tissue Shade)

IMPLANT - PROSTHETICS

ALL-ON-X/HYBRID

- TITANIUM ZIRCONIA
- LOCATOR SUPPORTED
 Titanium Strengtheners
- HADER BAR
- VERIFICATION JIG
- OPAQUE/MASK METAL
- ANONDIZED METAL
(Blue, Purple, Pink, Gold)

LABORATORY USE ONLY	REQUESTED RETURN
	PATIENT APPOINTMENT

PROSTHETICS

DENTURES:

(Anatomical Wax/Process Standard)

- WAX TOOTH/TRY IN
- PROCESS/FINISH
- COMPLETE/IMMEDIATE

DIGITAL DENTURES:

- TOOTH COLORED TRY-IN
- FINAL FINISH
- COMPLETE/IMMEDIATE

ADDITIONAL FEATURES/SPECIAL REQUESTS:

- E-Gasket Liner
- Titanium Strengtheners/Substructure
- Balanced Occlusion
(Standard)
- Lingualized Occlusion
- Composite Tissue Stain
(Tissue Shade Required)
- Custom Composite Tissue Stain
(Pictures or Patient Visit Required)

PARTIAL DENTURES:

TITANIUM (Milled)

- FRAME ONLY TRY-IN
- FRAME W/ TEETH TRY-IN
- COMPLETE/PROCESS/FINISH

ACETAL (Milled)

HARD ACRYLIC (3-6 Teeth with 2 Clasps)

FLEXIBLE (Injected)

Nylon - Flex

SemiRigid - Repairable

- TEETH TRY-IN
- COMPLETE/PROCESS/FINISH

FLIPPER (1-3 Teeth, No Clasps)

Opaque/Mask Metal

Anodized Metal (Blue, Purple, Pink, Gold)

Add Flex Clasps

Metal Backings/Occlusion

ADDITIONAL PRODUCTS

- BITE RIM/BLOCKS
- BLEACHING TRAY
- CUSTOM TRAY
- BITE SPLINT/RETAINER
- CLEARSPPLINT NIGHTGUARD
(Hard/Soft)
- SOFT NIGHTGUARD

Instructions/Case Notes: _____

Doctor's Signature*: _____ *Net 15

License Number: _____ Date: _____ *Terms & Conditions on reverse.

LABORATORY USE ONLY

Terms & Conditions

This signature evidences a contract for the sale and delivery of the specially-manufactured goods mentioned herein, and subject to the following Terms and Conditions:

1. Client agrees to pay in full the stated price of all goods and services plus any late payment penalties, plus all costs of collection including, but not limited to, attorney's fees, legal expenses, lost time, and labor hours. All disputes shall be governed in all respects by Tennessee law, and client agrees to submit to the exclusive jurisdiction of, and venue in Carter County, State of Tennessee in any dispute, with Harmony Dental Creations 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 Harmony Dental Creations may be entitled.
2. Net 15 days. All statements must be paid in full by the statement payment date. A finance charge of 2.5% per month will be charged on all accounts unpaid after the statement payment date. All clients are required to submit credit card authorization. Submitting these details can be done on the phone with Harmony Dental Creations, or by logging into the secure online portal. Harmony Dental Creations does NOT retain credit card information. The only information retained is the last four (4) digits of the card. All cases and items sent to client, or kept within Harmony Dental Creations, remain the property of Harmony Dental Creations until the account is paid in full.
3. Each work order or work authorization filled, or appliance fabricated, constitutes a complete and separate transaction to be invoiced and collected as such. Acceptance of new orders by Harmony Dental Creations shall not represent any accord and/or satisfaction, and shall not relieve client of any indebtedness to Harmony Dental Creations. Client agrees that each work order or authorization filled, appliance fabricated, and enclosures with the aforementioned are eligible for use by Harmony Dental Creations in any way for marketing and research.
4. Harmony Dental Creations may at any time with or without prior notice, require a deposit or cash on delivery (C.O.D.) for goods and/or services rendered.
5. Any use, sale, transfer, modification of the appliance or failure to reasonably notify and return the appliance within 15 days to Harmony Dental Creations shall constitute acceptance by the client.
6. Any defects in returned goods will be settled on a case-by-case basis.
7. The client must examine all appliances and determine their fitness for any intended usage. THERE ARE NO EXPRESS WARRANTIES AND NO IMPLIED WARRANTIES OF FITNESS FOR A PARTICULAR PURPOSE GIVEN BY HARMONY DENTAL CREATIONS.
8. This aforementioned transaction shall be governed by the laws of Tennessee. By signing and/or sending this work order form (or any substitute thereof), client agrees to all terms and conditions herein.
9. Harmony Dental Creations is not liable for any incidental or consequential damages, including inconvenience, lost wages, chair time, or pain and suffering of client or patient(s).
10. Harmony Dental Creations reserves the right to change terms and conditions at any time, with or without notice. This writing evidences the complete and final expression of the agreement.

Enclosures

QUADRANT _____ : PVS/PE _____ ALGINATE _____

TRIPLE TRAY _____ : PVS/PE _____ ALGINATE _____

FULL ARCH _____ : PVS/PE _____ ALGINATE _____

MODELS: _____ CLIENT: _____ LAB: _____

BITE RECORD: PVS/PE _____ RIM/BLOCK/WAX _____

EXISTING/OLD: DENTURE _____ RPD _____

PICTURES: ENCLOSED _____ EMAIL/TEXT _____

IMPLANT PARTS: IMP POST _____ ANALOG _____

SCREWS _____ OTHER _____

OTHER: _____

PROSTHETICS

TEETH: BRAND SHADE MOULD

ACRYLIC: BRAND SHADE

REPAIRS: SIMPLE COMPLEX

OTHER: _____

RESTORATIVES

MATERIAL: BRAND SHADE

ALLOY: WEIGHT:

CERAMIC: BRAND SHADE

OTHER: _____

IMPLANTS

BRAND: SIZE:

SCREW RETAINED CEMENT RETAINED ANGLED SCREW CHANNEL

OTHER: _____

COMMUNICATIONS

CALL TEXT EMAIL

DATE/TIME: _____ CONTACT NAME: _____

NOTES: _____

NEW RETURN DATE: _____ TIME: _____

TECHNICIAN: _____