



5 STAR BITE SOLUTIONS

5130 E. La Palma Ave. #208
Anaheim, CA 92807
Toll Free: (833) 999-2597
Local: (657) 363-8143

dental@5starbitesolutions.com
www.5starbitesolutions.com

DR. _____ PHONE #: _____

PRACTICE NAME: _____ DUE DATE: _____

PATIENT: _____ MALE FEMALE AGE _____

RUSH _____ \$50/\$100 approved CALL ME
_____ DATE (Must Call First)

Crown & Bridge

Metal Free

- Solid Zirconia
- Multi-Layer Zirconia
- PFZ
- IPS e.max® Press

Porcelain Fused to Metal

- Non Precious
- Semi Precious
- High Noble (White)

Full Cast

- Full Metal Crown
- Full Gold Crown 40%
- Full Gold Crown 60%

Occlusion

- In Light* Out

Pontic Design



Margin/Metal Design



If No Clearance

- Adjust opposing*
- Reduction coping

Occlusal Staining

- None* Light
- Medium Dark

Interproximal Contact

- Broad Heavy
- Normal*
- Light Point

Implant Restoration-3-week turnaround

- Stock Ti Base SCREW Retained
- Custom Titanium Abutment SCREW retained
- Custom Titanium Abutment CEMENT retained

IMPLANT CROWN

- Multi-Layer 3D Zirconia
- Solid Zirconia

Manufacturer _____

Platform _____

Size _____

Removables

1 UPPER LOWER

2 FULL DENTURES

- Custom Tray
- Baseplate Wax Rim
- Set Up for Try In
- Process & Finish Complete

EXTRACT: _____

Teeth Choice

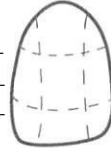
- Economy Standard*
- Premium - Vita

Special Instructions:

Tooth Shade: _____

Stump Shade: _____

Mould Size: _____



1 UPPER LOWER

2 PARTIAL DENTURES

- Cast Metal Partial
 - CoCr Vitallium®
- Flexible Partial
- Acrylic w/ wire clasp
- Hybrid-Cast/Flex

3 Stage

- Framework
- Set Up for Try In
- Process and Finish
- Complete

Acrylic Shade

- Standard* Light
- Light Ethnic Medium Ethnic

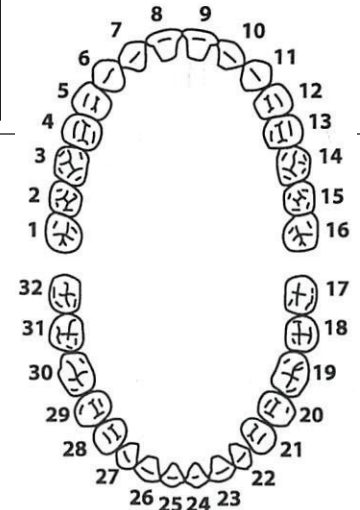
Other

Occlusal Guard

- Combo Hard/Soft
- Hard/Hard
- Soft Night Guard
- Bleaching Tray
- Processed Hard Acrylic
- Astron (Easy to fit)

Flipper

- Acrylic no clasps
- Wire Clasps
- Ball Clasps



Request supplies:

- Boxes
- Scripts
- Ship Labels

Signature: _____

License # _____

IN-LAB WORKING TIMES

Working times are NOT guaranteed and do NOT include weekends or holidays.

FIXED	3-5
REMOVALES	10
IMPLANTS	10+

Additional time may be required to order parts.
Excludes Weekends & Holidays. Working times are not guaranteed.

Please Note: A case requiring a call from a technician or scheduling department may cause delays to the fabrication process.

To schedule a pick-up, call us at 833-999-2597

FOR LAB USE ONLY

DR. _____ ACCT. # _____

Item Check List

- | | |
|---|---|
| <input type="checkbox"/> Impression | <input type="checkbox"/> Shade Tab |
| <input type="checkbox"/> Pick-up impression | <input type="checkbox"/> Transfer Coping |
| <input type="checkbox"/> Model | <input type="checkbox"/> Photos |
| <input type="checkbox"/> Analog | <input type="checkbox"/> Wax-Up |
| <input type="checkbox"/> Bite | <input type="checkbox"/> Provisionals |
| <input type="checkbox"/> Facebow | <input type="checkbox"/> Articulators |
| <input type="checkbox"/> Jig | <input type="checkbox"/> Old Crown/abutment |
| <input type="checkbox"/> Stick Bite | <input type="checkbox"/> Other _____ |

5 STAR BITE SOLUTIONS TERMS & POLICIES

By signing or sending this Specific Instruction Form (or a substitute thereof) to 5 Star bite Solutions, I agree to abide by all of the following terms and policies. 5 Star bite Solutions is not liable for incidental or consequential damages, including inconvenience, lost wages, chair time, or pain and suffering.

TERMS

All statements must be paid in full by the 15th day of the month in which the statement was prepared. Amounts not paid will incur a 10% finance charge. If not paid by the end of the following 15th day of month, all cases in progress will be put on hold and billed accordingly. All cases and items will remain the property of 5 Star bite Solutions until the account is paid in full. A \$35.00 minimum will be charged on all returned checks. All disputes shall be governed by California Law with the prevailing party to recover all fees and expenses.

WARRANTY POLICY

All warranty terms and conditions are subject to change without notice. Warranty starts on the invoice date. Most restorations completed at 5 Star bite Solutions are covered up to 3 years. Check below for other warranty items including: 5 Star bite Solutions temps provisional (6 months), thermoformed appliances, splints, and retainers (6months), removables (6 months), temporary partials (90 days), immediate dentures & partials (30 days). This warranty is in lieu of all other warranties, whether expressed or implied, and may not be modified by any agent, employee, representative, or distributor of 5 Star bite Solutions.

REMAKE POLICY

Eligible remakes will be done at no charge if restoration is still under warranty. Original model(s) and dental restoration(s) must be returned for credit consideration. A new case will be billed if the remake is required due to any of the following: (1) There is a change of treatment plan, including a shade or product change that is different from the original request. (2) Lab questioned die, margin, impression, or bite and was advised to complete the case. (3) Lab requested a try-in, but the customer declined and asked for a completed case. (4) Will charge when Die re-prep and or Send us new impression. (5) Provisions made over 5 Star bite Solutions Prep changing to Dr's prep will be charged as new case. (6) When digital scan files are different then original scan files will be charged as new case.

SHIPPING TERMS & POLICES

The charge to ship using our label is \$11 per invoice EACH way. You may put as many cases as you wish into the box with one label. Price is subject to change without notice. Rush case charge varies per unit. We are not responsible for, and do not guarantee, the performance of independent shipping carriers.

IMPORTANT PRICING TERMS & CONDITIONS

*All prices are quoted/billed per stage. Some products are subject to additional fees, e.g. bridge connectors, additional implant parts, multiple stages, and metal surcharges. Fabrication starts the day 5 Star bite Solutions receives the case. Cases canceled after fabrication is initiated will remain billed at full cost.

Mandatory - PLEASE INCLUDE Licensed Dentist SIGNATURE and LICENSE NUMBER on Specific Instruction Form

● Free: 833-999-2597 ● Local: 657-363-8143 ● dental@5StarbiteSolutions.com