ORTHODONTIC RX



5 STAR BITE SOLUTIONS

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LABORATORY PROCEDURE PRESCRIPTION REQUIRED INFORMATION Doctor Name: Due Date: Practice Name: Address: Patient Name: _____ M __ F Phone #: **Study Models** Design Case Here ☐ Finished ☐ Trim Only Semi-Finished Duplication **BAND REQUEST** Please include bands Will send bands separately □ N/A UPPFR **I OWFR SELECTED APPLIANCE** L **RIGHT** LEFT **RIGHT ADDITIONAL INSTRUCTIONS** L Ball Clasp U L Add Pontics Notes: U L Add Colors L Adams Clasp L "C" Clasp Signature: © 5 Star Bite Solutions. All rights reserved. | www.5starbitesolutions.com Date:

WARRANTY

We will repair or replace any appliance within 60 days due to defective material or workmanship (does not include breakage due to patient negligence). Office will be responsible of accuracy of casts; all the appliance will be made to fit the casts. If for any reason retainer does not fit we will reprocess the appliance just made using the wire set and replacing acrylic to fit the new cast (in order to receive full warranty protection appliance must be sent back to be reprocessed, if not sent back the customer will be charge 50% of the original price.

AVERAGE TURN AROUND: Turn Around Times may vary due to volume of cases in lab, please call ahead for Rush Cases.

Appliances: 5~7 working days in lab
Functional Appliances: 10 working days in lab
Study Models: 5~7 working days in lab

- Please do not place impressions in bags of water as they tend to break and destroy the lab slip.
- Be sure to pack wet impressions, for study model with a moist paper towel and place them in a plastic bag. Please wrap casts carefully to eliminate damage when mailing.
- A flat fee of \$14 per arch printed.
- Please include Licensed Dentist SIGNATURE and License Number.
- · Prices are subject to change without notice.