SPACE MAINTAIN LABORATORII

RETURN PRESCRIPTION TO:

9129 Lurline Ave. Chatsworth, CA 91311 Phone: 800-423-3270 Fax: 818-341-4684



INDIRECT

Q	C	В				
	Quick Cosmetic Brace Short-Term Orthodontic System					

PLEASE SEND:

C.E. COURSES

■ MAILING MATERIALS

☐ PRODUCTS & SUPPLIES

☐ DIAGNOSTIC SERVICES

NERS ES	www.SMLglobal.com	LINGUAL		
	MADE IN WILLIAM	BONE		
¥	U. S. A. (150134052012) 6073			

ACCOUNT #		S. A.	UKAS ULKAS MANAGEMENT		ВО	NDING	ADDITIONAL SERVICES* ☐ RETURN DUPLICATE SET OF MODELS
]	GO GREEN!
DOCTOR NA	ME					-	PLEASE SCAN OR MAKE A COPY OF THIS PRESCRIPTION FORM
]	FOR YOUR RECORDS
OFFICE ADD	RESS					1	DIGITAL SCANS
				07175 715	2005	J	www.SMLglobal.com/digital
CITY				STATE ZIP (CODE	1	Terms and conditions on reverse
PATIENT'S F	IRST N	AME				J AGE	OFFICE EMAIL ADDRESS
PATIENT'S L	AST NA	ME				DATE OF BIRTH	OFFICE PHONE NUMBER
A MINIMUN				LAB USE	ONLY!	DIAGNOSTIC SEI	
PRIOR TO	YOUR					ORTHOpix Digital S Digital Study Models	s with IPR Analysis
APPOINTM	MENT					☐ QCB Cephalometric	Analysis
						PLEASE INDICAT 1. Circle teeth to be bar	E ON DIAGRAM BELOW
☐ EMERG							missing, to be extracted, or those not to be bonded
(ADDITI						3. Indicate with arrows of	over-rotations desired
AFTER							$\bigcirc\bigcirc\bigcirc\bigcirc$
REPAIR O			and at				0000
Use the SML www.SMLglo				☐ S.I.			\mathcal{L}
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3 3	-2	10	X+.5mm				Shoon
54 45	- -7	0	X				
76 67	-10	0	X			NOTES.	
21 12	0	0	X			NOTES:	
3 3	-7	6	X+.5mm				
4 4	-12	0	X				
5 5	-16	0	X				
6 6	-22	0	X				
7 7	-27	0	X				

ADDITIONAL INSTRUCTIONS ON REVERSE

SIGNATURE *NOTE: By signing here you are agreeing to our terms and conditions (see reverse). LICENSE NUMBER

**APPLIANCE SPECIFIC RX FORMS Visit www.SMLglobal.com/RX

BEFORE SUBMITTING TO LAB: LAB USE ONLY! LAB USE ONLY! ☐ PRESCRIPTION: Make sure all appropriate sections are □ Upper Model ___ □ Upper Model ___ completed. ☐ IMPRESSIONS, MODELS OR DIGITAL SCANS: Take the □ Lower Model _ □ Lower Model ___ time to provide us with accurate impressions, models or ☐ Bite/Bite Fork ___ ☐ Bite/Bite Fork ___ digital scans. Be sure to capture all of the dentition and soft tissue areas (vestibule, palate, sublingual area, etc.) that are ☐ Impression Trays ___ ☐ Impression Trays ____ required for proper appliance fabrication. Trim stone models □ Old Appliance _ □ Old Appliance ___ as small as possible prior to shipping ☐ ACCURATE CONSTRUCTION BITE: Include for all cases ☐ Appliance Container___ ☐ Appliance Container ___ where acrylic occlusal coverage or mandibular repositioning is ☐ Articulator _ ☐ Articulator _ required. NOTE: Bite gauges, instructions and videos can be viewed at ☐ Articulator Carrying Box _ ☐ Articulator Carrying Box _ www.smlqlobal.com/construction-bites □ Dr's Band -□ NEW APPLIANCE ☐ PACKAGING: Sturdy cardboard box (provided upon request) is required. Fill the box completely with packing material (foam, etc.). Wrap stone models carefully and individually. INITIAL _ INITIAL __ ☐ **DIGITAL RECORDS**: If applicable, send digital patient files to www.SMLglobal.com/digital **TERMS AND CONDITIONS**

LABORATORY APPLIANCES

TERMS

All invoices are due 15 days from invoice. At day 30, credit card on file will be charged. We accept Mastercard, Visa, American Express, and Discover. A 1.5% interest charge (18% per year) will be added to all invoices not paid by the due date. If legal action is required to obtain payment, SML is entitled to attorney fees.

LIABILITY RELEASE STATEMENT:

SML provides appliances and laboratory services as prescribed by a licensed Dental Practitioner. We can assume no responsibility for techniques used and their use and/or misuse by the prescribing doctor, staff, or their patients.

APPLIANCE WARRANTY AND CONDITIONS:

Our ability to provide a quality appliance begins with YOU. Please take the time to provide us with accurate impressions, models, or digital scans along with a construction bite. Although we pride ourselves in our craftsmanship, our appliances are only as good as the records provided for their fabrication.

SML is responsible only for the custom fabrication of dental appliances in accordance with provided specifications. We can only guarantee that our custom made appliances will fit the working models that were used for their construction. IMPORTANT NOTE: SML does not warrant appliances fabricated from impressions, models or digital scans that are older than 60 days (for adults) or 30 days (for children) from date of invoice.

WHAT IS COVERED BY WARRANTY:

All custom made appliances will fit the working models provided for their construction upon delivery to patient. Components on most SLEEP appliances are covered for a period of three (3) years and ALL OTHER appliances are covered for a period of ninety (90) days.

WHAT IS NOT COVERED BY WARRANTY:

- · Acrylic fracture (due to clenching, bruxing, grinding, etc.)
- Non-compliance (patient chooses not to follow the prescribed treatment protocol, dislikes or intolerant to prescribed appliance, etc.)
- Patient abuse (accident, neglect, appliance loss, improper hygiene, etc.)
- Delamination of hard/soft material
- Changes in the dentition (loss or removal of teeth, restorations, failure of supportive tooth or tissue structures, etc.)
- · Improper insertion or removal of appliance
- · Improper adjustment of appliance
- Concerns expressed to doctor (regarding impressions, models, digital scans, bite registration, questionable indications and authorization for appliance fabrication)

- Allergic reaction to appliance materials (acrylic, nickel, etc.)
- Incidental or consequential damages or costs (due to patient canceling treatment, lost wages, chair time, pain and suffering)
- · Appliances considered a biohazard when sent for repair
- Changing or resetting bites for sleep apnea appliances
- Partial or complete fabrication by any laboratory other than SML
- · Cash refund or credit for a custom dental appliance
- Taxes, regulatory compliance fees, model pour-up or model printing fees
- · Normal wear and tear
- · Expedited production or shipping costs

APPLIANCE REMAKE REQUESTS:

While SML understands that many patients depend upon their appliances for improved and continued health, requests for a total remake - while the patient continues to use the current appliance - should be neither expected by the dentist nor promised to the patient.

IF AN APPLIANCE DOES NOT FIT YOUR PATIENT:

- 1. Download, print and fill-out the SML RETURN FORM found at www.SMLglobal.com/RETURN.
- 2. Send new impressions, models or digital scans along with a new bite registration
- 3. Return the appliance that needs to be remade along with the original working models used in its fabrication. These models were returned to you with the original shipment of the appliance!
- 4. If the returned appliance does not fit the patient and does not fit the original working models, SML will fabricate a new appliance on your new models at NO CHARGE.
- 5. If the appliance does not fit the patient but does fit the returned original working models, SML will fabricate a new appliance and charges will be incurred at our usual and customary fees.
- 6. Occasionally the working models used in fabrication may become damaged to a point that you will be unable to check the accuracy and fit of our work. Should this happen, SML will document this occurrence and return a note with the appliance indicating "Models damaged during processing". If the appliance does not fit the patient, SML will remake the appliance at NO CHARGE. Simply follow steps 1, 2 and 3 noted above and write on the lab prescription slip that the case is a "broken working model remake".

PLEASE NOTE:

Many appliances are fabricated from stainless steel, nickel titanium and acrylic. Stainless steel contains small amounts of nickel and chromium. Nickel titanium contains nickel. Acrylic is processed with methyl methacrylate. A small number of the population is known to be allergic to these materials. Should an allergic reaction occur, advise the patient to consult a physician.

NOTES:			