REMOVABLE RX

HDS
HARRISON DENTAL STUDIO

5 EAST WENTWORTH AVENUE
WEST ST. PAUL, MINNESOTA 55118
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E-Mail Photos to: removables@harrisondentalstudio.com

CASE #

Dr. _____

_____

_____

Lab Use Only

RECEIVED _____
MODELS _____
TRAY _____
BITE _____
PARTIAL/DENTURE _____
SPLINT _____
ARTICULATOR: HD / DR

Mould(s)	Anterior	Posterior
Upper		
Lower		

Patient Name: _____ DOB: _____

Date Sent _____ Return Date _____ Return Time _____

Denture

- ❑ Elite Ivotion/Milled
- ❑ Premium
- ❑ Economy

***Choose type before try-in or premium is default**

Partial

- ❑ Cast Frame
- ❑ Acetal Frame
- ❑ Acrylic (4 or more teeth)
- ❑ Flipper (1-3 teeth)
- ❑ Duraflex Flexible
- ❑ Economy Flexible

Clasps

- ❑ Wire
- ❑ Clear

Splints

- ❑ Hard/Soft
- ❑ Invisiguard
- ❑ Hard Acrylic
- ❑ Soft Nightguard
- ❑ Clear Retainer (essix)
- ❑ Bleaching Trays

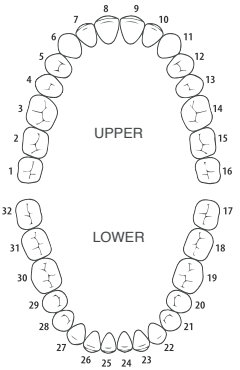
❑ **Argen Clear Aligners**

Arch:
Upper ❑ **Lower** ❑

NEXT APPT TYPE	TOOTH SHADE	ACRYLIC SHADE
❑ WAX TRY IN ❑ FINISH		❑ PINK ❑ ETHNIC ❑ light ❑ med ❑ dark

SPECIAL INSTRUCTIONS:

DESIGN CASE



DOCTOR SIGNATURE _____ LICENSE # _____

FM4-RX-003-00 *Any supplies needed, please call our office or ask our driver.*

Terms and Warranty Information

TERMS: All accounts are payable in full within 30 days of statement date. Accounts not paid within the stated terms will be subject to an interest charge of 1.8 percent and possible COD status. Prices are subject to change without notice.

We honor Visa, MasterCard and American Express

The Services and Dental Prosthetic Cases provided by Harrison Dental Studio are subject to terms and conditions as set forth in the following:

LIMITED WARRANTY/REMOVABLE: We warrant that our restorations will be free from errors in workmanship to the extent that we will repair or replace (at our discretion) any product that fails because of errors in workmanship during a five-year period from delivery. When direct fault cannot be determined during the five-year period, the following no fault repair or replacement policy will be followed:

(1) Dentures and partials (excluding immediate partials and dentures), up to one (1) year.

(2) Thermoformed appliances, occlusal splints, up to six (6) months.

(3) Immediate dentures and partials, flippers, retainers, provisionals and **repairs** up to thirty (30) days.

You agree to pay all other costs of adjustment, repair and replacement of a device. Except where prohibited by law, Harrison Dental Studio WILL NOT BE LIABLE FOR ANY LOSS OR DAMAGES ARISING FROM THE USE OF A DEVICE, WHETHER DIRECT, INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL. In the event of a dispute not being resolved amicably both parties mutually agree to waive class actions in favor of a mandatory arbitration of claim under this limited warranty in accordance within the laws of the state of Minnesota. By signing Harrison Dental Studio prescription form you agree to the above terms and warranties.