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 jsbcs@jsbdentallab.com - jsbdental@gmail.com  
 www.jsbdentallab.com

Doctor's Name: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Appt. Date/Time: \_\_\_\_\_

Phone #: \_\_\_\_\_

Dr.'s Signature \_\_\_\_\_

**PORCELAIN FUSED TO:**

- Non-Precious
- Semi-Precious
- White-Precious 40%
- White-Precious 52%
- Yellow-Precious 87%
- Captek

**ALL CERAMIC RESTORATIONS:**

- IPS Empress e.max
- Veneers (non-prep veneer)
- Layered Zirconia
- Milled Zirconia
- Lava

**FULL CAST RESTORATIONS:**

- Non-Precious
- Semi-Precious
- 40% Gold (white)
- 60% Gold (yellow)
- 75% Gold (yellow)

**IMPLANTS:**

- Screw Retained
- Cementable
- Hybrid Zirconia Abutment
- Titanium Custom Abutment

**REMOVABLE PROSTHETICS:**

- Upper  Lower

**TISSUE SHADES**

- Clear  Light Pink
- Pink
- Light Meharry
- Meharry
- Lucitone 199

**TOOTH SHADE:** \_\_\_\_\_

**PARTIAL DENTURE:**

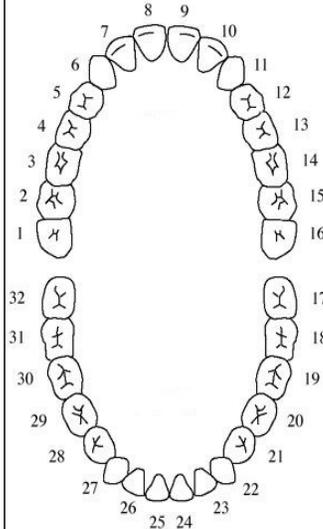
- Chrome Cobalt
- Valplast
- Vitallium 200
- Complete
- Metal + Valplast Combination
- Framework Only
- Wax Try-in

**FULL DENTURE**

- Wax Try-in  Complete
- Acrylic (immediate) Denture

**REMOVABLE EXTRAS**

- Flipper  Hard Mouth Guard
- Reline  Soft Mouth Guard
- Hard/Soft Mouth Guard
- Repair  Bleaching Tray
- Bite Blocks/Rims
- Custom Trays



**MISCELLANEOUS:**

- Temp Crown
- Metal Occlusion
- Porcelain Butt Margin
- Rest  Attachment
- Diagnostic Wax-Up
- Shade Blend

**INSTRUCTIONS:**

Abutment \_\_\_\_\_

Maryland Wing \_\_\_\_\_

Crown \_\_\_\_\_

Pontic \_\_\_\_\_

Inlay \_\_\_\_\_

Onlay \_\_\_\_\_

Veneer \_\_\_\_\_

Post \_\_\_\_\_

**BASIC SHADE**

**CUSTOM SHADE**

Shade guide used: \_\_\_\_\_



**MARGIN DESIGN**

- No Lingual Collar  180 Metal Collar  360 Metal Collar

**ANTERIOR DESIGN**



**POSTERIOR DESIGN**



**PONTIC DESIGN**



**CONTACTS**

- Light  Normal  Heavy

**OCCLUSAL CLEARANCE**

- Light  Tight  Open

**OCCLUSAL STAIN**

- None  Light  Medium  Heavy

**IF INSUFFICIENT ROOM:**  Reduce Opposing  Metal Island  Reduction Coping

# AGREEMENT

These terms and conditions are made effective by the customer set forth on the reverse hereof (dentist) submitting this form (agreement) to Jsb Dental lab. The (dentist) agrees to a contract for the sale and delivery of the specially fabricated goods mentioned herein (goods).

1. Dentist agrees to pay in full the stated price of goods within 15 days after the date of the statement. All balances remaining past such date will incur a 2% late service charge per month. Accounts not paid within the stated terms will be subject to C.O.D. status.
2. Any and all attachments, including but not limited to, prescriptions, modifications, diagrams, photographs, models or instructions of any sort, will be incorporated into this agreement, unless Jsb Dental Lab objects. Should the dentist cancel any order submitted before return delivery, the dentist shall pay for any loss or damage to Jsb Dental lab.
3. Dentist must completely clean all blood and saliva from all materials, used in the mouth, and must disinfect all of these items before sending them to Jsb Dental lab and again when returned from Jsb Dental lab, before placement in patient's mouth.
4. Dentist has the right to inspect goods prior to acceptance. If goods are not returned to Jsb Dental lab within 10 business days, this will mean acceptance of goods. Other forms of acceptance shall include, but are not limited to, cementing of goods in the mouth, requesting shade changes or modification of preparations, bites or designs. There will be absolutely no returns or refunds after 30 days from the date or receipt of finished goods by the dentist.
5. Should the dentist request a remake of the goods, dentist agrees to resubmit all original goods including, but not limited to, original impressions, models, and restorations to Jsb Dental lab. Jsb Dental lab must have original goods to evaluate possible restoration replacement or repair, the cost to dentist, and to determine if original goods are repairable or require remake of goods. If any portion of the goods, including materials, is not returned to Jsb Dental lab, the full stated price of goods will be due to Jsb Dental lab.
6. If Dentist chooses to use his/hers own Rx (prescription) form, or the form of another lab or organization, the terms set forth in this official Jsb Dental lab Rx will govern the contract for all products and especially fabricated goods.
7. The parties to this agreement shall be governed by and the agreement shall be construed in accordance with the laws of the United States and the State of Illinois without giving effect to the conflicts of laws provisions thereof. The parties further agree that any and all actions that may arise under this agreement shall lie exclusively in the Courts of the United States in the State of Illinois.
8. If any terms of this agreement are held by a court of competent jurisdiction to be invalid or unenforceable, then this agreement, including all of the remaining terms, will remain in full force and effect as in such invalid or unenforceable terms had never been included.
9. The Dentist agrees to pay all late service charges, legal and collection costs in the event of non-payment or suit, including reasonable attorney fees.

PRICES SUBJECT TO CHANGE WITHOUT NOTICE