REMOVABLE RX

HARRISON DENTAL STUDIO, INC.
5 EAST WENTWORTH AVENUE
WEST ST. PAUL, MINNESOTA 55118
PHONE: (651) 457-6600   1-800-899-3264
FAX: (651) 457-8869 www.harrisondentalstudio.com
E-Mail Photos to: removables@harrisondentalstudio.com

Dr. _____

_____

_____

Date Sent _____

Appt. Date _____

Appt. Time _____

Patient Name: _____

Denture Teeth: ❏ PREMIUM OR ❏ ECONOMY

Mould(s)	Anterior	Posterior
Upper		
Lower		

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

Denture

❏ UPPER
❏ LOWER

Type of Denture*
(see back for details)

*Choose Type *prior* to Try-in, or
Premium is the default

❏ PREMIUM
❏ CLASSIC
❏ ECONOMY

Partials

❏ UPPER
❏ LOWER

Type of Partial
❏ CAST FRAME
❏ FLEXIBLE
❏ ACRYLIC (4 or more teeth)
❏ FLIPPER (1-3 teeth)
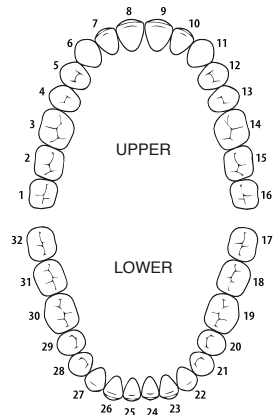
Clasps
❏ WIRE
❏ CLEAR

Splints

❏ UPPER
❏ LOWER

Type of Splint
❏ SOFT NIGHT GUARD
❏ HARD/SOFT
❏ INVISIGUARD™
❏ HARD ACRYLIC
❏ SNORE GUARD
❏ CLEAR RETAINER
❏ BLEACHING TRAY

SPECIAL INSTRUCTIONS:

DESIGN CASE

UPPER

LOWER

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

LIMITED WARRANTY/LIMITATION OF LIABILITY: Harrison Dental Studio Inc. warrants that all dental devices are manufactured according to your specifications and approval in the belief that the device will be useful. Subject to the return of a device that is placed and then fails, due to materials or workmanship, the lab will repair or replace the device without charge for the cost of materials and labor or refund the original price paid, at Harrison Dental Studio's option, as follows:

(1) all porcelain/metal free, porcelain to metal, full metal, composite resin, crowns, bridges (excluding composite resin Maryland bridges and composite resin inlay/onlay bridges), inlay/onlay, milled implant bars, screw retained implant abutments (excluding implant abutments with 20 degree or more of angulation), up to five (5) years.

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

(3) Thermoformed appliances, occlusal splints, composite resin Maryland and inlay/onlay bridges, up to six (6) months.

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

All remakes are no charge if returned within 30 days of invoice, charges will apply if:

(1) A new impression is requested and not provided.

(2) The margins of prep are questioned and said margin is approved for use by the prescribing clinician.

(3) A shade different from the original Rx is requested.

(4) A restoration or an appliance different from the original Rx is requested.

(5) The prepared tooth is reprepared either clinically or reprepared in the laboratory per prescribing clinician's direction.

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.

Types of Denture Finishes

Premium – Festooning, stippling, and premium denture teeth
Classic – Festooning, stippling, and economy denture teeth
Economy – Slight to no festooning, no stippling, and economy denture teeth