



**FIXED RX**

**LAB USE ONLY**  
Received \_\_\_\_\_  
Models \_\_\_\_\_  
Tray \_\_\_\_\_  
Crown/Bridge \_\_\_\_\_  
Bite \_\_\_\_\_  
Partial/Denture \_\_\_\_\_

**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.harrisdentalstudio.com

**CASE #**  
[ ]

Dr. \_\_\_\_\_ Date Sent \_\_\_\_\_  
\_\_\_\_\_ **Appt. Date** \_\_\_\_\_  
\_\_\_\_\_ **Appt. Time** \_\_\_\_\_

Patient \_\_\_\_\_ DOB: \_\_\_\_\_

**Tooth #** \_\_\_\_\_ **Shade** \_\_\_\_\_ **Stump Shade (Required for Ant.)** \_\_\_\_\_

METAL FREE

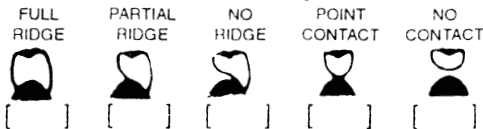
PFM

FULL CAST

MARGIN DESIGN

- Artisan P (Emax Press)
- Artisan P Layered
- ArtisanZ HT (High Translucent Zirconia)
- ArtisanZ HS (High Strength Zirconia)
- Zirconia - Layered
- Lab choice for best material
- Noble White
- High Noble White
- High Noble Yellow
- Noble Yellow
- Noble White
- High Noble Yellow
- No Metal Showing
- Lingual Collar
- Buccal Metal Band
- Porcelain Butt Margin

**Pontic Design**



Email photos to [photos@harrisdentalstudio.com](mailto:photos@harrisdentalstudio.com) or/ visit our website for HIPPA Compliant photo upload

D.D.S. \_\_\_\_\_ LIC NO. \_\_\_\_\_

Any supplies needed, please call our office or ask our driver.

FM4-RX-005-00

## 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, American Express & Discover

**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, 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 was 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.