

# ZIRCOLABO

Dental Lab

1300 SW 10th Street, Suite 1 Delray Beach FL 33444  
1-866-201-8928 (Phone)  
561-330-4635 (Phone)  
(561) 330-9314 (Fax)  
Email: zircolabo@gmail.com

RX Date \_\_\_\_\_

Delivery by \_\_\_\_\_

Patient Appointment \_\_\_\_\_

Patient Name \_\_\_\_\_

Male  Female  Approx. Age \_\_\_\_\_

TEETH NUMBERS															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Other Instructions: ( Print Neatly, No Cursiva )

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Dr. License No.: \_\_\_\_\_

Doctor Name \_\_\_\_\_

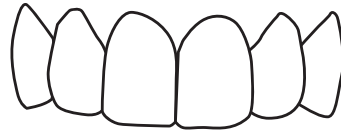
Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Shade Details \_\_\_\_\_

Shade \_\_\_\_\_

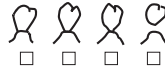


Single Crowns  Bridge  Splinted Crowns

Full Zirconia  
 Layered Zirconia

Embrasure:

Pontic Design:



Proximal Contact:

Occlusal Contact



Normal  Extended  Heavy  Light  No

## TERMS & POLICY

By signing or sending this RX slip (or a substitute thereof) to Zircolabo dental lab, I agree to abide by all the following terms and policies. Zircolabo dental lab is not liable for incidental or consequential damages. Including inconvenience, lost wages, chair time, or pain and suffering. All invoices must be paid with a maximum of 30 days after the invoices are prepared. Any amount not paid will incur a 1.5% finance charge and the account will be placed on C.O.D. terms. All cases will be billed and payable in stages. \$50.00 will be charge on all returned checks. All disputes shall be governed by Florida law with venue in Palm Beach County with the prevailing party to recover all fees and expenses associated with case.

### CONDITIONS OF WARRANTY

- \* Prosthesis must be inserted by a licensed practicing dentist.
- \* Patient must adhere to semi-annual dental maintenance (cleaning and exam) Program, in the office of a licensed practicing dentist.
- \* Dental prosthetic must be returned with model work in order for credit to be issued

Warranty is for 3 years from delivery date. this warranty is in lieu of all other warranties, whether expressed or implied and may not be may modified by any agent, employee, representative, or distributor of Zircolabo dental lab

### WHAT IS COVERED?

- \* Repair or replacement of appliance

### WHAT IS NOT COVERED?

- \* Cash refund for prosthesis
- \* Cost incurred for removal or insertion
- \* Repairs resulting from accidents, neglect, abuse, failure of supportive tissue structures, impropers adjustments, or improper dental hygiene.
- \* incidental or consequential damage, including inconvenience, lost wages, chair time, or pain and suffering.

Zircolabo dental lab is operated and managed by Labosmile usa, LLC

Any missing information will delay the case