



LINGUAL INDIRECT BONDING

ACCOUNT#



PLEASE SEND MORE INFORMATION ABOUT:

- ☐ MAILING MATERIALS
☐ PRODUCTS & SUPPLIES
☐ DIAGNOSTIC SERVICES
☐ CONTINUING EDUCATION COURSES

PATIENT'S FIRST NAME

OFFICE EMAIL ADDRESS

PATIENT'S LAST NAME

AGE

OFFICE PHONE NUMBER

ACCOUNT#

ADDITIONAL SERVICES*

- ☐ RETURN DUPLICATE SET OF MODELS

DUE DATE – MUST BE A MINIMUM
OF ONE DAY PRIOR TO YOUR PATIENT'S
APPOINTMENT

- ☐ EMERGENCY SERVICE FOR
APPLIANCES*
(24 to 48 Hrs. Processing)
☐ PATIENT WILL BE APPOINTED
AFTER APPLIANCE ARRIVES

(LAB USE ONLY)

☐ S.I.

DIAGNOSTIC SERVICES*

- ☐ Digital Study Models
☐ Digital Study Models with IPR Analysis²
☐ QCB Cephalometric Analysis
☐ **LINGUAL ARCHWIRES REQUESTED***

* FEES APPLY

CASE INFORMATION

LINGUAL ☐ Upper ☐ LowerTRAY SECTIONS ☐ 1 Piece ☐ Midline Split ☐ 3 Pieces / Arch

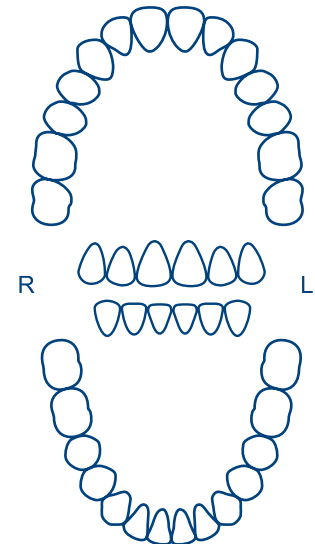
PLEASE INDICATE ON DIAGRAM BELOW

1. Circle teeth to be banded
 2. Mark an "X" on teeth missing, to be extracted, or those not to be bonded
 3. Indicate with arrows over-rotations desired

BRACKET PLACEMENT INFORMATION - ALL CASES

Please use chart to indicate changes from standard values

STANDARD VALUES				CHANGES		
	TQ	ANG	HT	TQ	ANG	HT
1 1	14	5	X			
2 2	7	8	X-.5mm			
3 3	-2	10	X+.5mm			
54 45	-7	0	X			
76 67	-10	0	X			
21 12	0	0	X			
3 3	-7	6	X+.5mm			
4 4	-12	0	X			
5 5	-16	0	X			
6 6	-22	0	X			
7 7	-27	0	X			



☐ Additional Instructions
On Reverse

SIGNATURE

LICENSE NUMBER

GO GREEN! PLEASE SCAN OR MAKE A COPY OF THIS PRESCRIPTION FORM FOR YOUR RECORDS

BEFORE SUBMITTING TO LAB:

- ☐ **PRESCRIPTION** - Make sure all appropriate sections are completed.
☐ **STONE MODELS** - Be sure to get doctor's final approval on models (to ensure accuracy and completeness). Trim models as small as possible.
☐ **DIGITAL RECORDS** - If applicable, send digital patient files to www.SMLglobal.com/digital

- ☐ **ACCURATE CONSTRUCTION BITE** - Include for all cases where acrylic occlusal coverage or mandibular repositioning is required.
☐ **PACKAGING** - Sturdy cardboard box (provided upon request) is required. Fill box completely with packing material. Wrap models carefully and individually.

Terms and conditions on reverse

TERMS AND CONDITIONS

LABORATORY APPLIANCES

TERMS:

All invoices are due 15 days from invoice. At day 30, credit card on file will be charged. We accept Mastercard, Visa, American Express, and Discover. A 1.5% interest charge (18% per year) will be added to all invoices not paid by the due date. If legal action is required to obtain payment, SML is entitled to attorney fees.

LIABILITY RELEASE STATEMENT

SML provides appliances and laboratory services as prescribed by a licensed Dental Practitioner. We can assume no responsibility for techniques used and their use and/or misuse by the prescribing doctor, staff, or their patients.

APPLIANCE WARRANTY AND CONDITIONS

Our ability to provide a quality appliance begins with YOU. Please take the time to provide us an accurate set of working casts and a construction bite. Although we pride ourselves in our craftsmanship our appliances are only as good as the records provided for their fabrication.

SML can only guarantee that our custom made appliances will fit the working cast(s) provided for their construction. Materials and workmanship on all appliances are guaranteed for 90 days. If an appliance fails within this period, SML will remake or repair the appliance at no charge. This warranty does not cover appliance loss, patient abuse, or changes in the dentition during this period that would necessitate the need for a new appliance. All returns are subject to taxes, as well as FDA, model pour-up and shipping fees.

SLEEP APPLIANCE WARRANTY AND CONDITIONS

Materials and workmanship on all custom made sleep appliances are guaranteed for a period of 3 years. This warranty does not cover appliance loss, patient abuse, or changes in the dentition during this period that would necessitate the need for a new appliance. All returns are subject to taxes, as well as FDA, model pour-up and shipping fees.

REMAKES

IMPORTANT NOTE: While SML understands that many patients depend upon their devices for improved and continued health, requests for a total remake - while the patient continues to use the current appliance - should be neither expected by the dentist nor promised to the patient.

If an appliance does not fit your patient, follow these steps:

1. Send us a new accurate cast(s) or a digital impression along with a new bite registration.
2. Return the appliance that needs to be remade along with the original working casts used in its fabrication. These casts were returned to you with the original shipment of the appliance!
3. If the returned appliance does not fit the patient and does not fit the original working casts SML will fabricate a new appliance on your new casts at NO CHARGE.

4. If the appliance does not fit the patient but does fit the returned original working cast, SML will fabricate a new appliance on your new casts and charges will be incurred at our usual and customary fees.
5. Occasionally the working casts used in fabrication may become damaged to a point that you will be unable to check the accuracy and fit of our work. Should this happen SML will document this occurrence and return a note with the appliance indicating "Damaged models during processing". If the appliance does not fit the patient SML will remake the appliance at NO CHARGE. Simply follow steps 1 and 2 and write on the lab prescription slip that the case is a "broken cast remake".

WHAT IS NOT COVERED BY WARRANTY

- Cash refund or a credit for custom dental device
- Cost incurred for patient cancelling treatment
- Incidental or consequential damages, including inconvenience, lost wages, chair time, pain and suffering
- Improper adjustment of the appliance
- Concerns expressed to the doctor regarding impressions, bite registration, questionable indications and authorization for appliance manufacture
- Repairs and adjustments to reset a construction bite
- Repairs resulting from an accident, neglect, abuse or improper hygiene
- Changes in dentition; loss or removal of teeth; new restorations; failure of supportive tooth or tissue structures
- Partial or complete fabrication by a lab other than SML
- Expedited shipping costs

WHAT IS REQUIRED FOR WARRANTY COVERAGE

NOTE: Revamping or modifying of a broken device is considered standard procedure for warranty cases.

- Original appliance, impressions/models and bite must be returned to SML
- In the event of a fit problem, original impressions/models and bite must be returned in addition to new impressions and bite in the interest of ensuring accurate modifications and repairs to the original appliance.
- If new casts or impressions are required, simple refitting will be attempted under warranty. Should this necessitate a charge for unwarranted reasons, minimal or reasonable charges will be kept to a minimum or reasonably reduced level.
- Replacement screws and/or hinges may be provided in exchange for lost or defective screws and hinges - and will be credited upon return of the old parts.

WARNING

Many appliances are fabricated from stainless steel, nickel titanium and acrylic. Stainless steel contains small amounts of nickel and chromium. Nickel titanium contains nickel. Acrylic is processed with methyl methacrylate. A small number of the population is known to be allergic to these materials. Should an allergic reaction occur, advise the patient to consult a physician.

ADDITIONAL NOTES: