

36	3717
CUSTOMER ACCOUNT NUMBER	
Mabel I	Dental Lab
CUSTOMER NAME	
	Road Suite 91
ADDRESS Akron,	OH 44310
234-678-5340 Eva	n@MabelDental.com
PHONE E	MAIL
DR.'S LICENSE NUMBER SI	IGNATURE
5,110 2,102,102,10	
PATIENT NAME MALE	FEMALE AGE
4-DAY STANDARD (NO CHAR Will ship back within 4 Working accepting the impressions in the	Days of DenMat receiving and
*Advanced cases may take additional promptly.	al time if digital preview is not approve
WOULD YOU LIKE TO PURCHAS	SE AN EXTENDED WARRANTY?
T LES TINO	
\$99 additional charge per arch. On (Part Number 900056800) See back	
\$99 additional charge per arch. On	ck for further details.
\$99 additional charge per arch. On (Part Number 900056800) See bac	ck for further details.
\$99 additional charge per arch. On (Part Number 900056800) See back WOULD YOU LIKE TO PURCHAS YES NO Get 50% off a second identical app	ck for further details. SE A DUPLICATE APPLIANCE? Sliance. Order must accompany origina
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Snap-On Smile Legend:			
SNAP-ON SMILE	SNAP-ON SMILE ADVANCED		
Edentulous spans up to 22mm (Full Arch) & up to 14mm (Partial Arch)	Edentulous spans with 2 abutments > 22mm & < 40mm (Full Arch)		
Full Arch Up to 22mm cantilever extensions (Full Arch)	Correcting severe buccal inclinations, misalignment, crooked teeth		
& up to 9mm cantilever extensions (Partial Arch) Full Arch Partial Arch	Malocclusion, bruxers, multiple missing teeth, crossbite		
Appropriate for Class I (Ideal Bite)	Appropriate for certain Class III bites (Underbites)		

Embedded Implants

· Limited retention: Master model may be altered to include retention

buttons with corresponding stint.

(Up to 3)

Class I (Ideal Bite) Class II (Overbite)

(Overbite)

Section 1: Appliance Type

(Please check one of the 4 boxes below)

- Snap-On Smile (Standard) Full Arch (6 units or more)
- Snap-On Smile (Advanced*) Full Arch (6 units or more)
- ☐ Snap-On Smile (Standard) Partial Arch (5 units or less)
- Snap-On Smile (Advanced*) Partial Arch (5 units or less)

OPTIONAL 2D DIGITAL PREVIEW: ☐ YES ☐ NO

Included with Advanced cases and as an a la carte item for Standard cases. \$25 additional charge per arch. (Part Number 056404335) This may delay case delivery if not approved promptly.

*Advanced cases will incur an additional added value fee.

Section 2: Appliance Instructions

1.	Occlusal Holes:* Yes No Holes/Increase of Vertical Dimension VDO
	If no holes (Please check 1 box below): ☐ Minimum 0.5 mm ☐ 1 mm ☐ 2 mm ☐mm
2.	Extended Gingival Margins: ☐ Yes ☐ No
	If yes (Please complete below): mm Tooth#
3.	Pontic Design:





*If no selection is made, case will be made with no holes.







■ Ovate

☐ Hygienic ☐ Conical ☐ Modified ☐ Saddle ridge-lap ridge-lap

SNAP-ON SMILE SMILE STYLES

(Please check one of the 5 boxes below)

Laterals: Square Round, Cuspids: Flat (with option to make slightly shorter)

☐ Hollywood* (Centrals: Square Round, ☐ Softened* (Centrals: Square Round, Laterals: Square Round, Cuspids: Round)





☐ Natural* (Centrals: Square Round, Laterals: Short Square Round,

☐ Functional* (Centrals: Square Round, Laterals: Square Round, Cuspids: Pointed)





☐ Follow Existing Dentition (Default)

Willam M. Dorfman, DDS, The Smile Guide.

■=US ==FDI

For BEST results, please provide detailed appliance instructions in the space provided

FOR STUDIO USE ONLY		
DATE RECEIVED #:	PAN #:	
OPEN INITIALS:		
INCOMING NOTES:		
ODIOWAL ORDER #		
REMAKE/REPAIR REASON	CODE:	
STAGE:		
CUSTOMER #:		
O/E INT:		
NEW ORDER #:		
STAGE:		

Section 3: Appliance Design

Uppers:	Tooth #	to Tooth #
Lowers:	Tooth #	to Tooth #

Option 1: Snap-On Smile Shade:

S1 S2 S3 S4 S5 S6 S7 S8 S9 S10 S11 S12 S13 S14 S15 S16 S17 S18 S19

Option 2: Vita Classical Shade:

A1 A2 A3 A4 B1 B2 B3 B4 C1 C2 C3 C4 D1 D2 D3 D4 BL1 BL2 BL3

7 00 0
5 6 12 11 21 22 11 12 12 12 12 12 12 12 12
13 23 k) 12 24 13 13 15 25 7 13 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15
☐ 3 (¥) 16 Mark P 26 (★) 14 ☐
☐ 1 × 18 Mark E 28 (₹) 16 ☐
for Extraction w/Pontic
□ 32 (χ)48 38(≺)17 □
37 (±)47 37 (±)18
36 F 19 D
29 F 44 42 32 34 X 20
28 43 41 31 33 21
27 22 22
26 25 24 ²³



SHIPPING:

Please allow **4 working days** from date of case acceptance (including acceptable impressions/ models, bite registration, and complete prescription information). Working days do not include weekends or holidays. **Times do not include time in transit and times do not include the day case is shipped.** Outbound shipments are a standard \$15 (\$25 CN) flat fee per case. All returns must be sent to the following address:

DenMat® Holdings, LLC 2727 Skyway Drive Santa Maria, CA 93455

LIMITED WARRANTY

The Snap-On Smile Limited Warranty is between **DenMat and the doctor.** It covers any defects in materials or workmanship in the Snap-OnSmile (both full and partial arches), and runs for one (1) year from the date the doctor receives the Snap-On Smile.

WARRANTY COVERS:

DenMat will, at its option, repair or replace a Snap-On Smile that proves to be defective in materials or workmanship. DenMat's warranty obligation is limited to a **one-time replacement of the original Snap-On Smile**, and DenMat makes no warranty, express or implied, with respect to the replacement appliance. If the Snap-On Smile becomes damaged during the warranty period, and the conditions set forth in this warranty have been met and no exclusion applies, the doctor may send the appliance in for repair to DenMat, freight prepaid, at any time during the warranty period. There will be no handling charge for warranty work for the first 90 days of the warranty period. During this initial 90-day period, there will be no charge for repair or replacement. After 90 days, there will be a \$37 handling fee (US dollars) for all warranty claims. For all warranty claims you must return the old appliance.

WARRANTY DOES NOT COVER:

- · Cash refunds.
- Changing shade from the original prescription request.
 No shade change will be made in any warranty claim for any reason.
- · Modifying the teeth numbers from the original prescription request.
- Incidental, consequential, or special damages, exemplary damages, including inconvenience, lost wages or pain and suffering.

WARRANTY SERVICE:

To obtain warranty service, the providing doctor will need a Return Authorization Number from DenMat. This can be obtained by calling 800-433-6628, or by emailing warranty@snaponsmile. com. If emailing, please provide a detailed description of the reason for the return.

OPTIONAL EXTENDED LIMITED WARRANTY

For \$99 (US dollars) per arch, an Extended Limited Warranty may be purchased from DenMat that extends the repair or replacement time frame of your patient's Snap-On Smile (both full and partial arches) to three (3) years (two additional years beyond the standard Limited Warranty). All other terms and conditions of the Snap-On Smile Limited Warranty apply. This offer is valid for 30 days after receipt of appliance. To purchase, please call 800-433-6628. This offer is only valid for doctors located in the US and Canada.



Contact Customer Service at 800-433-6628 or warranty@snaponsmile.com if you have any questions or comments.