Snap-On Smile® Rx Form

☐ Keep Existing Alignment — keep bulk and size of the teeth to

a minimum.

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Customer Information 4. Occlusion PATIENT □ MALE □ FEMALE AGE ☐ Leave an anterior open centric — minimize lingual bulk on the maxillary teeth and/or lower anterior flare, thickness and length CN# \square Establish or maintain anterior centric occlusion — this may cause the lingual of the anterior teeth to be bulky. When making an upper ACCOUNT NUMBER and lower appliance, the lower anteriors may have to be flared and lengthened facially to maintain centric occlusion, which the patient DR. / OFFICE NAME may not tolerate. 5. V.D.O. (Open Patient's Bite) ADDRESS ☐ Please design with posterior occlusal holes to minimize the bite opening. (There are limited cases where occlusal holes can be placed without weakening the appliance.) ____mm in the anterior or posterior ☐ Yes, open the bite _ PHONE **EMAIL** (.5mm is the Lab default). 6. Shade DR.'S LICENSE NUMBER LICENSE EXPIRATION DATE (MM/YY) The DenMat Snap-On Smile® Shade Guide (P/N 040219712) is strongly recommended since it is made of the same material as the appliance. SIGNATURE When using an alternative shade guide, the Lab will pick the closest **Designing the Smile with the Patient** corresponding Snap-On Shade, but it will not be an exact match. ☐ Pre-op Shade \square Please call to discuss when you receive the case. (If the requested shade is radically different from the patient's actual Snap-On Smile will add a minimum of .5mm - .75mm of buccal and shade, the lab may need to thicken the appliance to mask it out.) lingual thickness and at least .5mm of occlusal thickness. DenMat sells a ☐ Requested Shade. (Choose one option below) Snap-On Smile Starter Kit with a demo model and appliance designed to show patients exactly how this technology works. 1. Snap-On Smile Shade Guide - Recommended (Circle choice) S1 S2 S3 S4 S5 S6 S7 S13 S20 1. Tooth Numbers What tooth numbers does the appliance cover? 2. Vita Classic Shade: _____ (Will not be an exact match) Upper Appliance: Tooth#_____ to #____ Lower Appliance: Tooth#_____ to #____ 7. Shape □ Natural □ Hollywood 2. Tooth Length Provide the desired length of teeth. Discuss all of these options with the patient. Existing shape and Changes the form maintained, original form and □ #8 _____mm, #9 _____mm shape. Generally restoration that Design laterals _____mm shorter vs. the centrals. mimics nature follows Golden The average length for a central is 10-11mm. (Lab default). Proportions. □ #24 _____mm, #25 ____mm **Gingival Margins** Design laterals _____mm shorter vs. the centrals. ☐ No changes — follow patient's existing tissue margins The average length for lower centrals is 7-8mm. (Lab default). Appliance will always add at least 1mm in length to natural teeth. ☐ Lengthen the gingival margins on tooth/teeth #_____ 3. Alignment ☐ Enhance the Alignment (Lab default) ☐ Stop at height of contour # ___ • Enhancement is often the best choice vs. ideal alignment to avoid bulky and oversized teeth. 9. Extraction □ No extractions ☐ Idealize the Alignment ☐ The following teeth will be extracted # · All teeth are brought out to be in alignment with the most prominent anterior tooth. Caution: using the most prominent tooth 10. Pontic Design (Check one) as the guide can sometimes add too much bulk. Review the most prominent tooth and determine consequences of bulk to align. ☐ Full Ridae An improvement/esthetic enhancement may be the better choice. (Lab default)

11. Appliance Selection (Partial arch available for 5 or fewer teeth)

Edentulous spans with 2 abutments > 22mm and < 40mm (Full Arch)



Correcting severe buccal inclinations, misalignment, crooked teeth



Malocclusion, bruxers, multiple missing teeth, crossbite



Appropriate for certain Class III bites (underbites)



Embedded Implants (up to 3)

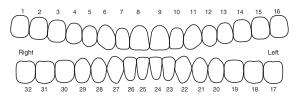


Limited retention: Master model may be altered to include retention buttons with corresponding stint



12. Teeth

Select the teeth to be included:



13. Additional Services

- ☐ I would like a Digital Preview \$25 additional charge. Once approved, 5 days plus 2 days to ship.
- ☐ I would like a duplicate appliance at 25% off (order must accompany original case submission). Highly recommended for bruxers and excessive users. Plus 2 days to ship.
- \square Imbedded implant (up to 3) \$50



	\$	Shipping and Delivery Opti	ions
impressions/models,	bite registration, shipped, time in tr	and complete prescription inf	f case acceptance (including acceptable formation). Working days do not include Outbound shipments require a standard
STANDARD			
☐ 10 working days, p	lus 2 days to ship		
RUSH			
Rush Fees — business	days, not calendar	r days	
,			ossible with this option), plus 2 days to s
Shipping address: DenMat Lab 1017 W. Central Aven Lompoc, CA 93436 L			
SNAP-ON SMILE® PR	RICING	Destint Austr	
Full Arch US standard pricing Canadian pricing	\$595 \$765	Partial Arch US standard pricing Canadian pricing	\$375 \$482
NOTES			
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DATE RECEIVE	:U #:	PAN #:	

OPEN INITIALS:

Snap-On Smile Limited Warranty

Snap-On Smile® Limited Warranty

Den-Mat Holdings, LLC ("DenMat") warrants, for a period of six (6) months, from the date the original Snap-On Smile is received at the office of the prescribing doctor, that the appliance will be free from defects in materials or workmanship. In the event of a defect in materials or workmanship, the exclusive remedies are limited to the appliance covered by this warranty and are listed below.

Please inspect the product and for the first 30 days, if you discover that the Rx, or an approved revision of your Rx, where changes made by you, an office representative and the lab, were not followed, the lab will repair or remake your restoration without affecting the warranty.

After 30 days, DenMat will, at its option, repair or replace a Snap-On Smile appliance that proves to be defective in materials or workmanship despite adherence to the original prescription instructions. DenMat's warranty obligation is limited to a one-time replacement of the Snap-On Smile appliance, and DenMat makes no warranty, express or implied, with respect to the replacement arch. DenMat will not repair or replace existing crowns or bridgework, nor will DenMat cover any dental fees associated with the Snap-On Smile appliance repair or replacement. After 90 days, there will be a \$49.00 handling fee (US dollars) per arch for all warranty claims.

This Limited Warranty only covers defects in materials and workmanship to the original Snap-On Smile appliance, and does not cover breakage or loss during ordinary consumer use. It does not cover damage caused by accidents, abuse, improper installation, failure of supporting tooth or tissue structures, improper adjustments, grinding, bruxing, or improper dental hygiene. If the DenMat Lab inquires about the margin, model, or impression, but the customer asked us to proceed, it will be made without any warranty.

To obtain warranted coverage, please return all working models, previous impressions, and original product for evaluation. If a discrepancy arises you may be subject to additional fees. If the original product is not returned, a return deposit will be invoiced until the product is returned.

Your Rights Under Country Law:

This warranty gives you specific legal rights and you may also have other rights which vary from country-to-country. Some countries do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply to you. In addition, some countries do not allow limitations on how long an implied warranty lasts, so the above limitation may not apply to you.

Our Contact Information

If you have questions or comments about our terms and conditions, we are here for you Monday through Friday from 6 a.m. to 5 p.m. (Pacific Time). Please feel free to contact our Customer Service team in any of three ways:

1. Email us at: lab@denmat.com 2. Call us at: 800-872-8384

3. Write us at:
DenMat Lab
1017 W. Central Avenue
Lompoc, CA 93436 USA
Attn: Lab Customer Service

We thank you for your business.



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