

# DenMat Lab Rx Form – Clear Aligner

DenMat Lab  
1017 W. Central Avenue  
Lompoc, CA 93436 U.S.A.

800-872-8384 (Lab)  
800-433-6628 (Main)  
labortho@denmat.com



## Customer Information

PATIENT  MALE  FEMALE AGE \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

DR. / OFFICE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

DR.'S LICENSE NUMBER \_\_\_\_\_ SIGNATURE \_\_\_\_\_

## Treatment Specifications

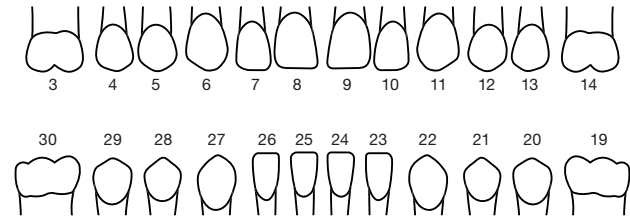
**Treatment** (See below for details) **Allow IPR**

Upper Arch Only  Yes

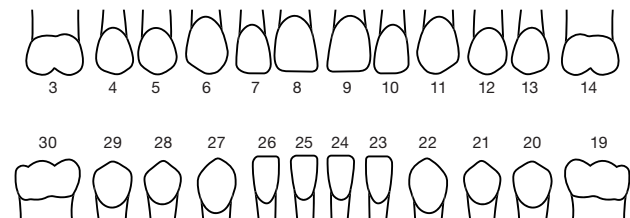
Lower Arch Only  No

Both Arches

Specify where attachments are **excluded**:



Specify which teeth **cannot** be moved (i.e. implant):



**Midline** (Mark only if needed)

Maintain  Yes  No

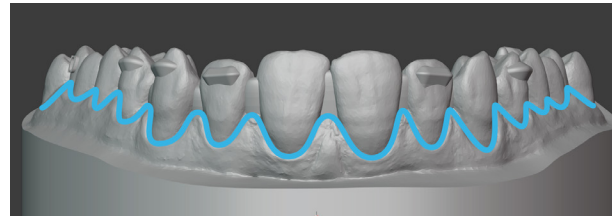
Move  Upper  Left  Right  Lower  Left  Right

**Anterior Posterior Relation**

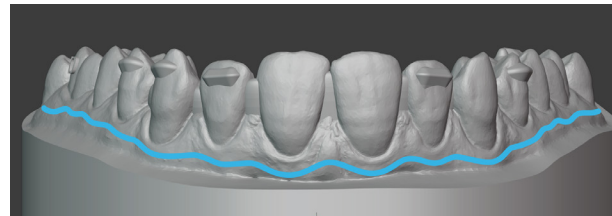
Maintain  Right  Left

Improve Canine Relationship Only  Right  Left

Gingival margin scallop (\$0.99 per aligner)



Standard line scallop (included in regular price)



**Crowding**

Upper As Needed  Primarily  IPR

Lower As Needed  Primarily  IPR

**Overjet and Overbite**

Maintain  Overjet  Overbite

Improve

**Tooth Size Discrepancy**

IPR in Opposite Arch (dual-arch only)

Leave Spaces Open  Distal to Laterals  Distal to Canines

**Align Treatment From**

(molar movements are not allowed)

Canine to Canine (anterior only)

2nd premolar to 2nd premolar

**Tooth Movement Amount**

.25mm (lab default)  .5mm

## Case Plan Type

Standard Case Plan - **\$795**  
(up to 30 total appliances)

Flex Case Plan - **\$119.99**  
(plus \$29.99 per appliance)

Mid Course Correction - **\$119.99**  
(plus \$29.99 per appliance)

## Required Patient Photos

Profile Repose

Front Full Face Repose

Front Smiling

Occlusal View Upper

Occlusal View Lower

Retracted Right

Retracted Left

Retracted Front

Visit [www.denmat.com/orthoclear](http://www.denmat.com/orthoclear) to view photo gallery.



## Digital Scans

Digital scans are accepted by our lab portal on [denmat.com/labonline](http://denmat.com/labonline) and are preferable to VPS impressions. Go to lab online, and select "New Case." Fill out the prescription form, and attach the STL's in the documents section.

## Additional Notes

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## Shipping and Delivery Options

All delivery days are listed in lab working days, starting from date of case acceptance (including acceptable impressions/models, bite registration, and complete prescription information). Working days do not include the date the case is shipped, time in transit, weekends or holidays. Outbound shipments require a standard \$15 U.S. flat fee per case.

### STANDARD

2 days for standard shipping. 5 days for Virtual Treatment Plan (VTP), then 5 days after approval of VTP.

#### Shipping address:

DenMat Lab  
1017 W. Central Avenue  
Lompoc, CA 93436 USA

#### FOR DENMAT LAB USE ONLY

DATE RECEIVED #: \_\_\_\_\_ PAN #: \_\_\_\_\_

OPEN INITIALS: \_\_\_\_\_

## Abbreviated Terms and Conditions

Please see our complete Terms and Conditions available at [denmat.com/labpolicies](http://denmat.com/labpolicies)

### Ordering

For the best possible custom-made product, please make sure to fill out the Rx form completely. If we make an error or if your order was inaccurate, we will make every attempt to remedy the error as quickly as possible. All orders may be subject to shipping and handling charges. If a case has been designed for OrthoClear aligners and the treatment is canceled the case will be subject to a design fee cost of \$119.99.

### OrthoClear Warranty

Den-Mat Holdings, LLC ("DenMat") warrants, for a period of six (6) months, from the date the original OrthoClear case 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 Virtual Treatment Plan or manufacturing processes were not followed, the lab will repair or remake your case without affecting the warranty.

After 30 days, DenMat will, at its option, repair or replace the OrthoClear 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 appliance, and DenMat makes no warranty, express or implied, with respect to the replacement. DenMat will not repair or replace existing crowns, veneers, or bridgework, nor will DenMat cover any dental fees associated with the OrthoClear appliance repair or replacement.

This Limited Warranty only covers defects in materials and workmanship to the original OrthoClear 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 DenMat Lab inquires about the margin, model, or impression, but the customer asks us to proceed, the case will be made without any warranty.

To obtain warranted coverage, please return all aligners and previous impressions 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.

### 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: [labortho@denmat.com](mailto:labortho@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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