

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

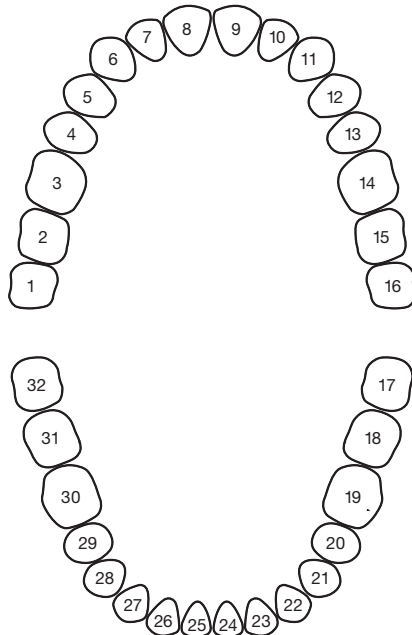
Treatment (See below for details)

- Upper Arch Only
- Lower Arch Only
- Both Arches

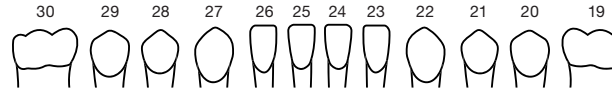
Allow IPR

- Yes
- No

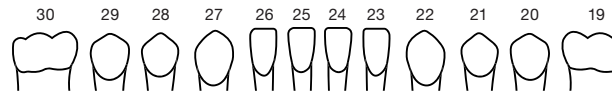
Specify where Interproximal Reduction (IPR) is excluded:



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

Crowding

- | | | |
|-----------|------------------------------------|------------------------------------|
| Upper IPR | As Needed <input type="checkbox"/> | Primarily <input type="checkbox"/> |
| Lower IPR | As Needed <input type="checkbox"/> | Primarily <input type="checkbox"/> |

Overjet and Overbite

- | | | |
|----------|--------------------------|--------------------------|
| | Overjet | Overbite |
| Maintain | <input type="checkbox"/> | <input type="checkbox"/> |
| Improve | <input type="checkbox"/> | <input type="checkbox"/> |

Tooth Size Discrepancy

- IPR in Opposite Arch (Dual-arch only)
- Leave Spaces Open
 - Distal to Laterals
 - Distal to Canines

Tooth Movement Amount

- .25mm (lab default)
- .5mm

Additional Notes



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

Digital Scans

Digital scans are accepted by our Lab portal on DenMat.com and are preferable to VPS impressions. To submit a scan please login to the lab portal on DenMat.com and select the Clear Aligner drop down. Go to Lab Online, and select "New Case." Fill out the prescription form, and attach the STL's in the documents section.

We thank you for your business.

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

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.

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:

- | | | |
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| 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 |
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