

## CROWNS AND BRIDGES

34400 DATE PALM DR SUITE Q, CATHEDRAL CITY, CA 92234 / [www.midentallab.org](http://www.midentallab.org) / (760) 847-6431 / Skype and email: [midentallab11@gmail.com](mailto:midentallab11@gmail.com)



DR: \_\_\_\_\_

Office: \_\_\_\_\_

Address: \_\_\_\_\_

Due Date: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Patient Name: \_\_\_\_\_

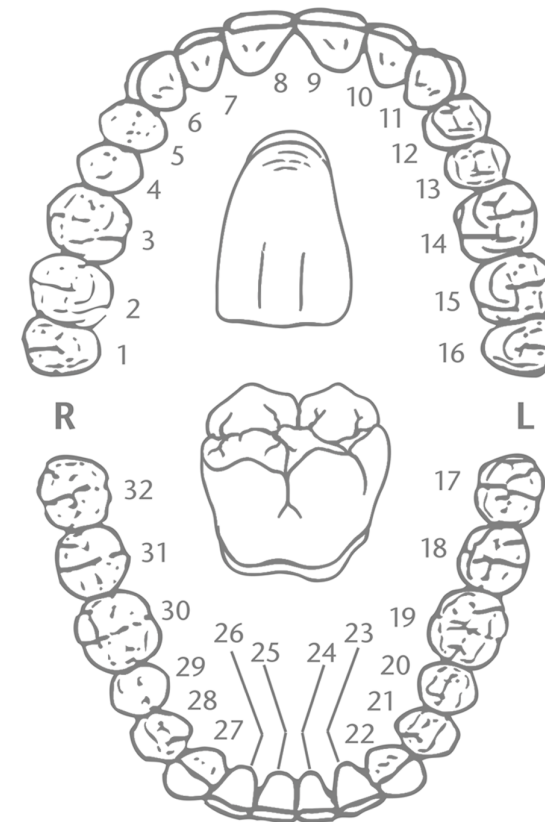
State: \_\_\_\_\_ Phone: \_\_\_\_\_

(ALWAYS USE BLOCK LETTERS WHEN FILLING OUT THIS FORM)

Pick-Up, Delivery and Administration  
**Igor (760) 905-7990**

<b>Zirconia</b> 1. Crown 2. Bridge 3. Veneer	<b>Tooth Shade</b> <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A3.5 <input type="checkbox"/> A4 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3 <input type="checkbox"/> B4 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3 <input type="checkbox"/> C4 <input type="checkbox"/> D2 <input type="checkbox"/> D3 <input type="checkbox"/> D4 <input type="checkbox"/> BL
<b>PMMA Crowns And Bridges</b>	<b>Tooth Shade</b> <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A3.5 <input type="checkbox"/> A4 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3 <input type="checkbox"/> B4 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3 <input type="checkbox"/> C4 <input type="checkbox"/> D2 <input type="checkbox"/> D3 <input type="checkbox"/> D4 <input type="checkbox"/> BL
<b>Zirconia (Anterior Multilayered)</b> recommended for front teeth  1. Crown 2. Bridge 3. Veneer	<b>Tooth Shade</b> <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A3.5 <input type="checkbox"/> A4 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3 <input type="checkbox"/> B4 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3 <input type="checkbox"/> C4 <input type="checkbox"/> D2 <input type="checkbox"/> D3 <input type="checkbox"/> D4 <input type="checkbox"/> BL

**TEETH AND SHADE CHART**  
(Only VITA Teeth Shade Guide Accepted)



WE CAN DO CUSTOM SHADE USING ELECTRONIC DENTAL COLORIMETER  
APPOINTMENTS REQUIRED BY CALLING MILAN (760) 847-6431

**OCCLUSAL STAINING**

None  
  Light  
  Medium  
  Dark

**PONTIC DESIGN**



CHECK OUT WEBSITE ([www.midentallab.org](http://www.midentallab.org)) FOR TERMS AND POLICIES, WARRANTY, TURN AROUND SCHEDULE, PICK-UP AND DELIVERY, PRICES (ONLY PER REQUEST BY OFFICE) AND OTHERS.  
 BY SIGNING OR SENDING THIS Rx FORM TO M&I DENTAL LAB I AGREE TO ABIDE BY ALL TERMS AND POLICIES.  
 ALL PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE. IN THE ABSENCE OF DISPUTE AND ABSENT AN AMICABLE RESOLUTION THE PARTIES MUTUALLY AGREE TO WAIVE CLASS ACTIONS IN FAVOR OF MANDATORY INDIVIDUAL ARBITRATION OF CLAIMS UNDER LIMITED WARRANTY AND IN ACCORDANCE WITH THE LAWS OF CALIFORNIA.

**TURN AROUND PERIOD FOR M&I DENTAL LAB**

PICK-UP: IGOR (760) 905-7990

SERVICE	DAYS FOR LAB TO PRODUCE	
DIAGNOSTIC WAX-UP	5 BUSINESS DAYS	ADD PICK-UP AND DELIVERY DAYS (2 IN TOTAL), HOLIDAYS AND WEEKENDS
ZR CROWN OR BRIDGE	All cases picked up on Thursday this week though	Wednesday of next week will be delivered Wednesday following week
ZR RESTORATION OVER STOCK IMPLANT ABUTMENT	7 BUSINESS DAYS	ADD PICK-UP AND DELIVERY DAYS (2 IN TOTAL), HOLIDAYS AND WEEKENDS
ZR RESTORATION SCREW-RETAINED	8 BUSINESS DAYS	ADD PICK-UP AND DELIVERY DAYS (2 IN TOTAL), HOLIDAYS AND WEEKENDS
TEMPORARIES PMMA	3 BUSINESS DAYS	ADD PICK-UP AND DELIVERY DAYS (2 IN TOTAL), HOLIDAYS AND WEEKENDS

**ALL RUSH CASES HAS TO BE PRESCHEDULED BY CALLING MILAN (760) 847-6431 BEFORE THE CASE IS SHIPPED**

PICK-UP AND DELIVERY IS BETWEEN 9 AM AND 11:30 AM

**Example of 2 BUSINESS DAYS**

WEDNESDAY	THURSDAY, FRIDAY	MONDAY
PICK-UP DAY	2 BUSINESS DAYS IN THE LAB	DELIVERY DAY