Aurora™
DENTAL LAB

50 Wallace Ave
Auburn, New York 13021

877.333.8955
315.255.0433 office
315.255.0434 fax

info@AuroraDentalLab.com
AuroraDentalLab.com

Aurora Dental Customer Copy

Please print and fill out completely

Mon Tues Wed Thu Fri

RX Date _____ **Due Date** _____ am _____pm_____

Doctor _____Phone _____

Doctor's Address _____

Patient Name _____M/F _____Age _____

REMOVABLE Rx

COMPLETE DENTURES

Aurora Classic
❑ Set Up/Try In ❑ Finish (High Impact)

Aurora Premium
❑ Set Up/Try In ❑ Finish (Process Packed)

Aurora Elite
❑ Set Up/Try In ❑ Finish (Diamond D Heat Cured)

PARTIALS

Cast (Complete)
❑ Aurora Classic Cast Partial
❑ Aurora Premium Cast Partial
❑ Framework only

Acrylic (Complete)
❑ Aurora Classic Partial
❑ Aurora Premium Partial

Flexible (Complete)
❑ Aurora Classic Flexi
❑ Aurora Premium Flexi

TEETH TYPE

❑ Classic ❑ Premium

Shade Ant. _____ Post._____

Mold Ant. _____ Post._____

ADDITIONAL PRODUCTS

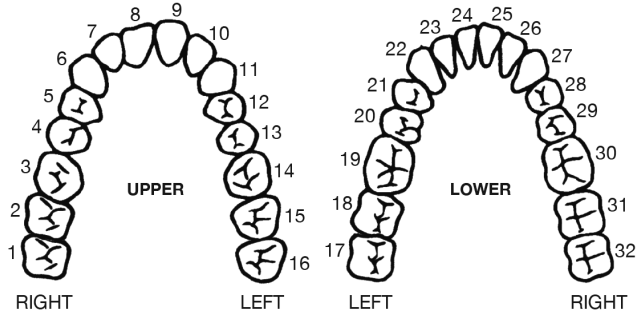
❑ Baseplate with Bite Rim
❑ Light Cured Custom Tray

Nightguards
❑ Hard ❑ Soft

Repairs
❑ Acrylic Fracture ❑ Additional Tooth
❑ Reline ❑ Rebase
❑ Laser Weld ❑ Add Clasp
❑ Metal Mesh ❑ Lingual Bar

CASE INSTRUCTIONS

DESIGN YOUR CASE HERE



_____

_____

_____

_____

_____

_____

_____

_____

OCCLUSAL STAIN

❑ None ❑ Light
❑ Medium ❑ Dark

IF NO OCCLUSAL CLEARANCE

❑ Call doctor ❑ Adjust opposing tooth
❑ Metal occlusion

PONTIC DESIGN

SHADE

1._____ 2._____

Desired shade _____

_____
Doctor's signature License Date

Payment is due in full 10 days from the date of the statement. A 1.5% charge per month will be charged on past-due accounts. Accounts past due will be delivered COD with past-due balance added. Accounts requiring legal and/or collection services will be subject to all costs incurred, including all reasonable costs.

FIXED Rx

PORCELAIN FUSED TO METAL

❑ High Noble Yellow Gold
❑ High Noble White Gold
❑ Noble (Semi-Precious)
❑ Base Metal (Non-Precious)

METAL–FREE

❑ e.max®
❑ e.max® Veneer
❑ Aurora Elite Zirconia (Layered)
❑ Aurora Full Z (Contoured)

FULL–CAST CROWN–INLAY–ONLAY

❑ Type II Yellow High Noble (Inlay)
❑ Type III Yellow High Noble (Inlay)
❑ Type IV Yellow or White; High Noble or Noble
❑ Base Metal (Non-Precious)

MARGINS

Lingual (Please Circle)
❑ Show No Metal, Metal Collar (Thick or Thin), Porc. Butt (Shoulder), 180 or 360

Facial (Please Circle)
❑ Show No Metal, Metal Collar (Thick or Thin), Porc. Butt (Shoulder), 180 or 360

HAVE QUESTIONS? NEED FORMS?

❑ Call me ❑ Please send RX pads
❑ Please send boxes ❑ Please evaluate my work

REMAKE POLICY If the restoration is found to be not acceptable within 30 days of receipt of the case, return the restoration along with all accompanying materials for a replacement at no charge.

ITEMS NOT COVERED Cash refund, cost insured for removal or insertion, repairs resulting from neglect, abuse or failure of supportive tooth and/or tissue structure, damages, including inconvenience, lost wages, chair time and pain or suffering.

CONDITIONS Prosthesis must be inserted by a licensed practicing dentist or prosthodontist. Patient must adhere to semi-annual cleaning and exams. Restoration must be returned with model work for credit to be issued.