



Colonial Dental Lab, Inc.

155 Bradford Drive

West Berlin, NJ 08091

(856) 753-6600 (800) 822-0477 Fax (856) 753-6601

Dr: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Patient: _____ Age: _____ Male: ☐ Female: ☐

PLEASE ALLOW PROPER TIME FOR QUALITY

Deliver On (PLEASE ENTER DATE): _____ AM ☐ PM ☐

Monday	Tuesday	Wednesday	Thursday	Friday

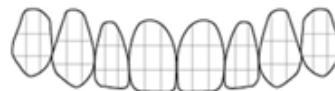
Colonial Express: 24 Hour ☐ 48 Hour ☐ 72 Hour ☐ CALL DOCTOR ☐

SHADE

Basic Shade: _____

Stump Shade: _____

Shade Guide Used: _____



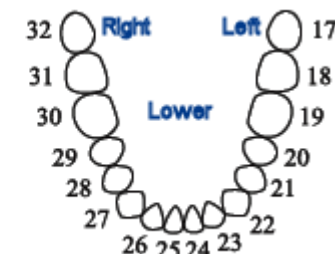
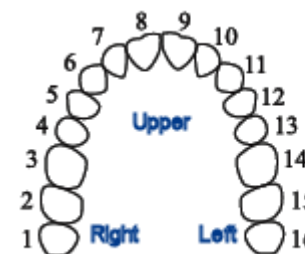
Other Instructions: _____

MATERIALS & REQUIREMENTS

All-Porcelain	Porcelain-to-Metal	Indirect Composites
<input type="checkbox"/> Have Colonial select the best material based on the design		
<input type="checkbox"/> IPS e.Max Press	<input type="checkbox"/> High Noble (yellow)	<input type="checkbox"/> Gradia
<input type="checkbox"/> IPS Empress Esthetic	<input type="checkbox"/> High Nobel (white)	<input type="checkbox"/> Provisional
	<input type="checkbox"/> Nobel Semi-precious	
<input type="checkbox"/> Zirconia Layered	<input type="checkbox"/> Non-precious	<input type="checkbox"/> Nightguard Hard
<input type="checkbox"/> Zirconia Full Contour	<input type="checkbox"/> Captek (yellow)	<input type="checkbox"/> Nightguard Soft
<input type="checkbox"/> Alumina	Full Cast Crowns	<input type="checkbox"/> Bleaching tray
	<input type="checkbox"/> High Noble (yellow)	
	<input type="checkbox"/> High Nobel (white)	
	<input type="checkbox"/> Semi-precious	

<input type="checkbox"/> Porcelain-to-margin	Pontic Design	
<input type="checkbox"/> Porcelain Butt Margin (shoulder prep required)	<input type="checkbox"/> Sanitary	<input type="checkbox"/> Ridge lap
<input type="checkbox"/> Lingual Collar _____ mm		
<input type="checkbox"/> Full Metal Collar _____ mm	<input type="checkbox"/> Ovate Pontic	<input type="checkbox"/> Modified
<input type="checkbox"/> Metal Saddle Pontic		

<input type="checkbox"/> Metal Try-in	<input type="checkbox"/> Biscuit Bake	<input type="checkbox"/> Complete
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Signature: _____ DDS/DMD License #: _____



TERMS AND CONDITIONS

This signature evidences a contract for the sales and delivery of the specially manufactured goods mentioned herein, and subject to the following terms and conditions:

1. Dentist-client agrees to pay in full the stated price of the goods, plus any late payment penalties plus all of the cost of collections including attorney's fees if any.
2. Payment is due in full after receipt of the goods. A late payment penalty of 2% per month shall be charged on unpaid balances 30 days after receipt of the monthly statement.
3. Each order or prescription or work authorization fill, or appliance fabricated, constitutes a complete and separate transaction to be billed and collected as such. Acceptance of new orders by Colonial Dental Lab, Inc. shall not represent any accord and/or satisfaction and shall not relieve the dentist-client of any indebtedness to Colonial Dental Lab, Inc.
4. Colonial Dental Lab, Inc. may from time to time require a deposit from a dentist-client and/or ship goods on a C.O.D. basis.
5. Any use, sale, transfer, modification of the appliance or failure to reasonably notify and return the appliance within 15 days to Colonial Dental Lab, Inc. shall constitute acceptance by the dentist-client.
6. Colonial Dental Lab, Inc. reserves the right to put a credit hold on accounts which are in arrears and to hold all cases for such account until account is paid in full.
7. Colonial Dental Lab, Inc. does not charge for remakes for one year after the invoice date except for the following situations:
 - a. You approve an impression, die or margin that we think will produce a questionable result.
 - b. You refuse a metal try-in that we suggest.
 - c. You re-prepare the tooth (teeth).
 - d. You change the shade from the original prescription.
 - e. A partial fits the master cast, but not the mouth.
8. Any defects in returned goods must be particularized and Colonial Dental Lab, Inc. retains the right to effect cure of the defect.
9. Dentist-client must examine all appliances and determine their fitness for any intended usage. THERE ARE NO EXPRESS WARRANTIES AND IMPLIES WARRANTY OF FITNESS FOR ANY INTENDED PURPOSE GIVEN BY COLONIAL DENTAL LAB, INC.
10. This transaction shall be governed by the laws of New Jersey. Acceptance of the goods constitutes acceptance of all the terms and conditions herein. This writing evidences the complete and final expression of the agreement.
11. An inactive account over six months will be subject to be charged for remakes.