West Coast
Dental Laboratories Ltd

TEL: 604 299 6448
info@westcoastdentallab.ca
#103-3823 Henning Drive
Burnaby, BC V5C 6P3
Business Hours: Mon - Fri 9AM - 5PM

Creation Date: _____

Return Date and Time: _____

Dentist Name: _____ Clinic Name: _____

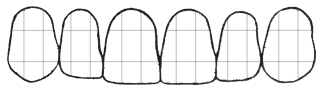
Address: _____ Telephone: _____

E-mail Address: _____

Patient Full Name (Must be legible): Sex (M/F): _____ Age: ____

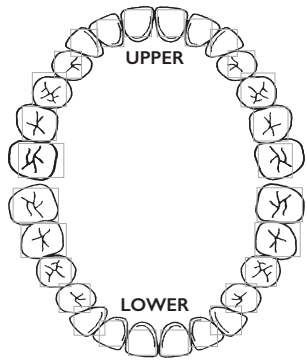
Fixed Prosthetic

FDI: _____ **SHADE:** _____



Monolithic:

- ❑ Custom Pre-shaded BruxZir
- ❑ Custom Ultra High Strength BruxZir
- ❑ Custom Multi-layered/Anterior BruxZir
- ❑ Custom ZirCAD Emax Prime BruxZir
- ❑ Pressed Emax



Layered:

- ❑ Emax Porcelain Fused to Zirconia
- ❑ Emax Porcelain Fused to Zirconia Facial
  (Zirconia Lingual & Occlusal with Porcelain on facial)

Metal:

- ❑ Full Gold Crown
- ❑ Porcelain Fused to Metal

Indicate PFM Requirements Below

Occlusion: ❑ Metal ❑ Porcelain

Margin: ❑ Metal Collar ❑ Porcelain to Metal ❑ Porcelain Butt Margin

Gold Content: ❑ High Gold (yellow) ❑ Low Gold (white) ❑ Non Precious

Indicate Bridge Requirements Below

Pontic Design: ❑ Hygienic ❑ Ridge Lap ❑ Teardrop ❑ Saddle

Implants:

Indicate Implant Information Below

❑ Biohorizon ❑ Hiossen ❑ Nobel ❑ Genuine Parts

❑ Straumann Other: _____ ❑ Generic Parts

Implant Size: _____ Type: _____ ❑ Custom Abutment Design

Orthodontics

❑ UPPER /❑ LOWER

❑ Thermoflex NightGuard ❑ Hard Acrylic NightGuard ❑ Day Guard

❑ Digital NightGuard ❑ Essix Retainer ❑ Sports Guard

DOCTOR'S NOTES:

Doctor's Signature: _____

PRODUCTION SCHEDULE	REQUIRED BUSINESS DAYS
PORCELAIN TO METAL +3 Units +Digital Scan & Print	7 10 +2
ZIRCONIA +3 Units +Digital Scan & Print	7 10 +2
NIGHT GUARD	7

ALL PRODUCTS PRICED WITH **GOLD** WILL BE DETERMINED BY MARKET PRICE

- Please provide 1 Adequate impression. 2 semi-adequate impressions does not equate to one proper impression.
- Please provide a bite registration for all cases.

WARRANTY

- WARRANTY LIMITED TO MANUFACTURE DEFECTS
- All Crowns: 2 Year; Night Guards: 6 Months;
  Ortho Appliances: 3 Months; Dentures: 1 Year; Denture Repair: 3 Months
- To make a warranty claim: Please provide intra-oral picture of crown prior to removal from the mouth.
- Our warranty department will contact the clinic before proceeding with the case.
- Warning: case with inherent issues will void warranty.

Changes to Rx must be emailed to the office prior to the completion of the case

- Remakes due to changes in Rx or to patients altering their treatment plan will incur additional charges.
- Patients of doctors who wish to cancel a case in progress or completed will not qualify for a refund.

EXTENDED WARRANTY/ WEST COAST PRIME ACCOUNT

- Active accounts with full business loyalty will be considered West Coast Prime Accounts. Original 2 year warranty will be extended to a 5 year warranty from invoice date on fixed prosthetic cases.
- Active accounts must maintain a minimum of 10 new crowns per month to make a claim.

iTero®

3shape
TRIOS Ready

ITERO ID: 8826 **3SHAPE ID: westcoastmill@gmail.com**

PATIENTS PLEASE BE ADVISED:

- APPOINTMENT IS REQUIRED FOR ANY CUSTOM SHADE
- CUSTOM SHADE CHAIR TIME ESTIMATED 15 MINS
- PLEASE WAIT 2 WEEKS PRIOR TO CUSTOM SHADE AFTER BLEACHING TEETH
- VISITORS PARKING AVAILABLE FAR CORNER OF PARKING LOT
- PAY PARKING IS AVAILABLE ON HENNING DR.

DIRECTIONS TO OUR OFFICE: