



RETURN PRESCRIPTION TO
9129 Lurline Ave.
Chatsworth, CA 91311
Phone: 800-423-3270
Fax: 818-341-4684
www.SMLglobal.com



PLEASE SEND:

- ☐ MAILING MATERIALS
- ☐ PRODUCTS & SUPPLIES
- ☐ DIAGNOSTIC SERVICES
- ☐ C.E. COURSES



ADDITIONAL SERVICES*

- ☐ RETURN DUPLICATE SET OF MODELS
- ☐ APPLIANCE INSURANCE

ACCOUNT #

DOCTOR NAME

OFFICE ADDRESS

CITY

STATE

ZIP CODE

PATIENT'S FIRST NAME

AGE

OFFICE EMAIL ADDRESS

PATIENT'S LAST NAME

DATE OF BIRTH

OFFICE PHONE NUMBER

DUE DATE

Must be a minimum of one day prior to your patient's appointment.

- ☐ PATIENT WILL BE APPOINTED AFTER APPLIANCES ARRIVES.

LAB

- ☐ S.I.

PROTRUSIVE BITE

- ☐ Bite represents patient's maximum protrusion (100%)
☐ Bite represents patient's starting point

VERTICAL DIMENSION

- ☐ Close as much as possible
☐ Keep it, call if changes needed

LATERAL DEVIATION

- ☐ None
☐ Yes

ANTERIOR PLATEAU OPTIONS

(Any plateau design must be made on full coverage option.)

- ☐ Central Only ☐ Lateral to Lateral ☐ Canine to Canine

ELASTICS REQUIRED FOR THIS CASE

- ☐ Yes ☐ No

BRUXISM

- ☐ None
☐ Light-moderate
☐ Severe

☐ **CHECK TO USE OPTIMAL VALUES** (If checked, do not fill the Customize Section)

CUSTOMIZE SECTION (Check one per Upper and Lower):

UPPER BAND

<input type="checkbox"/> BUCCAL	<input type="checkbox"/> FULL	<input type="checkbox"/> 1/2 LINGUAL	<input type="checkbox"/> 1/2 BUCCAL	<input type="checkbox"/> LINGUAL
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ANTERIOR WITH CONTACT !

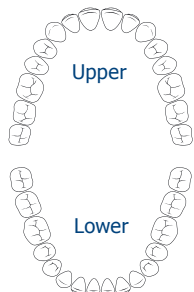
<input type="checkbox"/> FULL WITH CONTACT	<input type="checkbox"/> 1/2 LINGUAL WITH CONTACT	<input type="checkbox"/> 1/2 BUCCAL WITH CONTACT
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LOWER BAND

<input type="checkbox"/> 1/2 BUCCAL	<input type="checkbox"/> FULL	<input type="checkbox"/> LINGUAL	<input type="checkbox"/> 1/2 LINGUAL	<input type="checkbox"/> BUCCAL
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ANTERIOR WITH CONTACT !

<input type="checkbox"/> FULL WITH CONTACT	<input type="checkbox"/> 1/2 BUCCAL WITH CONTACT	<input type="checkbox"/> 1/2 LINGUAL WITH CONTACT
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Other factors or specific requests to be taken into account (e.g., brittle tooth, mobility, broken tooth, crown, bridge, other):

COMMENTS:

TOOTH#:

☐ **Additional Instructions On Reverse**

Signature: _____

License # _____

****APPLIANCE SPECIFIC RX FORMS**
Visit www.SMLglobal.com/RX

*NOTE: By signing here you are agreeing to our terms and conditions (see reverse).

Texas license #1866 exp 12.31.18 renewed yearly. South Carolina certificate #480 exp 3.1.19 renewed every two years. Kentucky certificate #219 exp 7.31.18 renewed yearly.

REV.1.FEB.2021

BEFORE SUBMITTING TO LAB:

- ☐ **PRESCRIPTION** - Make sure all appropriate sections are completed.
- ☐ **STONE MODELS** - Be sure to get doctor's final approval on models (to ensure accuracy and completeness). Trim models as small as possible.
- ☐ **DIGITAL RECORDS** - If applicable, send digital patient files to www.SMLglobal.com/digital
- ☐ **ACCURATE CONSTRUCTION BITE** - Include for all cases where acrylic occlusal coverage or mandibular repositioning is required.
- ☐ **PACKAGING** - Sturdy cardboard box (provided upon request) is required. Fill box completely with packing material. Wrap models carefully and individually.
- ☐ **GO GREEN:** Scan or make a copy of this prescription form for your records.

TERMS AND CONDITIONS

LABORATORY APPLIANCES

TERMS:

All invoices are due 15 days from invoice. At day 30, credit card on file will be charged. We accept Mastercard, Visa, American Express, and Discover. A 1.5% interest charge (18% per year) will be added to all invoices not paid by the due date. If legal action is required to obtain payment, SML is entitled to attorney fees.

LIABILITY RELEASE STATEMENT

SML provides appliances and laboratory services as prescribed by a licensed Dental Practitioner. We can assume no responsibility for techniques used and their use and/or misuse by the prescribing doctor, staff, or their patients.

APPLIANCE WARRANTY AND CONDITIONS

Our ability to provide a quality appliance begins with YOU. Please take the time to provide us an accurate set of working casts and a construction bite. Although we pride ourselves in our craftsmanship, our appliances are only as good as the records provided for their fabrication.

SML is responsible only for the custom fabrication of dental appliances in accordance with provided specifications. We can only guarantee that our custom made appliances will fit the working cast(s) provided for their construction. **IMPORTANT NOTE:** SML does not warrant appliances fabricated from digital scans that are older than 60 days.

Materials and workmanship on all appliances are guaranteed for 90 days. If an appliance fails within this period, SML will remake or repair the appliance at no charge. This warranty does not cover appliance loss, changing protrusive bite position, patient abuse, patient dissatisfaction or changes in the dentition during this period that would necessitate the need for a new appliance. All returns are subject to taxes, as well as regulatory compliance fees, model pour-up fees, and shipping fees.

SLEEP APPLIANCE WARRANTY AND CONDITIONS

Hardware and workmanship on all custom-made sleep appliances are guaranteed for a period of 3 years. This warranty does not cover appliance loss, delamination of hard/soft material, patient abuse, or changes in the dentition during this period that would necessitate the need for a new appliance. All returns are subject to taxes, as well as regulatory compliance fees, model pour-up fees, and shipping fees.

REMAKES

IMPORTANT NOTE: While SML understands that many patients depend upon their devices for improved and continued health, requests for a total remake - while the patient continues to use the current appliance - should be neither expected by the dentist nor promised to the patient.

If an appliance does not fit your patient, follow these steps:

1. Send us a new accurate cast(s) or a digital impression along with a new bite registration.
2. Return the appliance that needs to be remade along with the original working casts used in its fabrication. These casts were returned to you with the original shipment of the appliance!
3. If the returned appliance does not fit the patient and does not fit the original working casts, SML will fabricate a new appliance on your new casts at NO CHARGE.

4. If the appliance does not fit the patient but does fit the returned original working cast, SML will fabricate a new appliance on your new casts and charges will be incurred at our usual and customary fees.
5. Occasionally the working casts used in fabrication may become damaged to a point that you will be unable to check the accuracy and fit of our work. Should this happen SML will document this occurrence and return a note with the appliance indicating "Models damaged during processing". If the appliance does not fit the patient, SML will remake the appliance at NO CHARGE. Simply follow steps 1 and 2 and write on the lab prescription slip that the case is a "broken cast remake".

WHAT IS NOT COVERED BY WARRANTY

- Cash refund or a credit for custom dental device
- Cost incurred for patient cancelling treatment
- Incidental or consequential damages, including inconvenience, lost wages, chair time, pain and suffering
- Improper adjustment of the appliance
- Concerns expressed to the doctor regarding impressions, bite registration, questionable indications and authorization for appliance manufacture
- Repairs and adjustments to reset a construction bite
- Repairs resulting from an accident, neglect, abuse or improper hygiene
- Changes in dentition; loss or removal of teeth; new restorations; failure of supportive tooth or tissue structures
- Partial or complete fabrication by a lab other than SML
- Expedited shipping costs
- Delamination of hard/soft material
- Changing protrusive bite position

WHAT IS REQUIRED FOR WARRANTY COVERAGE

NOTE: Revamping or modifying of a broken device is considered standard procedure for warranty cases.

- Original appliance, impressions/models and bite must be returned to SML
- In the event of a fit problem, original impressions/models and bite must be returned in addition to new impressions and bite in the interest of ensuring accurate modifications and repairs to the original appliance.
- If new casts or impressions are required, simple refitting will be attempted under warranty. Should this necessitate a charge for unwarranted reasons, minimal or reasonable charges will be kept to a minimum or reasonably reduced level.
- Replacement screws and/or hinges may be provided in exchange for lost or defective screws and hinges - and will be credited upon return of the old parts.

WARNING

Many appliances are fabricated from stainless steel, nickel titanium and acrylic. Stainless steel contains small amounts of nickel and chromium. Nickel titanium contains nickel. Acrylic is processed with methyl methacrylate. A small number of the population is known to be allergic to these materials. Should an allergic reaction occur, advise the patient to consult a physician.

• **SML is completely compliant with all HIPAA regulations** •

ADDITIONAL NOTES: