

SOLID DENTAL STUDIO "TERMS AND CONDITIONS"

By utilizing the services of Solid Dental Studio (SDS), you (Client) agree to the following Terms and Conditions as a binding legal agreement between you and SDS without limitation or qualification. SDS reserves the right to amend these terms and conditions at any time after providing notice to the client. Client may reject future amendments by discontinuing use of SDS's service. Upon discontinuance, SDS shall be entitled to payment of any remaining invoiced balance and actual cost of work completed.

Remake / Return / Refund

- Client must examine all items in each case for fitness and condition. Any use, sale, alteration, or modification to the item(s) or failure to timely notify and return the item(s) to SDS within 30 business days of receipt of the item(s) shall constitute acceptance of the item(s).
- SDS reserves the right to cure or correct any defect before issuance of any credit or refund. Where client requests a remake or repair of a case, client shall resubmit all originals to SDS, including original impressions, models, and restorations.

Warranty

- SDS warrants that all items will be manufactured according to the client's Rx.
- SDS will repair or replace an item that fails due to defects in materials or workmanship, within a period of five (5) years from date of invoice.
Examples of what is not covered (list not exclusive/conclusive):
 - Restoration(s) where no defect in material/workmanship is documented.
 - Cases where failure occurs due to debonding or poor occlusion.
 - Cases where a reduction coping is required.
 - Cost incurred for removal or reinsertion.
 - Incidental or consequential damages, including inconvenience, lost wages or pain and suffering.

Shipping and Turnaround

- SDS will provide free pick-up service for local clients (limited by courier service area).
- SDS is not responsible for any losses or damages during shipping. Please securely pack all contents.
- In-lab turnaround time is 7-days for most restorations. Implant turnaround time is 10-14 days. Shipping time is not included and additional to specified turnaround time.

Invoice / Statement / Payment

- An invoice will be included with each case. Account statements will be mailed out at the end of each month. Payment is due, in full, within 15 days of statement date.
- Payment may be made with check or credit card. Returned checks will be assessed the maximum fee permitted by law, plus any associated bank costs/fees.
- Past due accounts shall bear an interest rate of 2.0% per month, or maximum allowed by law, until balance is paid in full.
- In the event that any order submitted by the client is cancelled for any reason before shipment, client shall pay the reasonable value of all work performed prior to receipt by SDS of notice of cancellation of the order.
- Any balance not paid within 30 days of statement date may be sent to collections. Client shall pay all costs of collection, including without limitation, collection agency and attorney fees incurred by SDS.



SOLID DENTAL STUDIO

1885 W. Commonwealth Ave. # L, Fullerton, CA 92833
(714) 770-0402
 soliddentalstudio@gmail.com

LAB USE ONLY

DOCTOR : _____

PATIENT : _____

TODAY'S DATE / /

DUE DATE / /

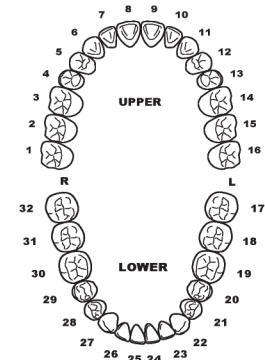
Enclosed :

Impression Models Other

Bite Photos _____

<p>PFM</p> <p><input type="checkbox"/> Non-Precious</p> <p><input type="checkbox"/> Semi-Precious</p> <p><input type="checkbox"/> Yellow Gold</p> <p><input type="checkbox"/> White Gold</p>	<p>Zirconia</p> <p><input type="checkbox"/> PFZ <input type="checkbox"/> Full Zirconia</p> <p><input type="checkbox"/> Anterior Full Zirconia</p> <p><input type="checkbox"/> Multi-Layer Full Zirconia</p> <p><input type="checkbox"/> Zir Lingual / Occlusal</p>	<p>All Ceramic</p> <p><input type="checkbox"/> IPS e.max</p> <p><input type="checkbox"/> Inlay / Onlay</p> <p><input type="checkbox"/> Veneers</p>	<p>Full Cast</p> <p><input type="checkbox"/> Yellow Gold</p> <p><input type="checkbox"/> White Gold</p> <p><input type="checkbox"/> Semi-Precious</p>
<p>SHADE</p>		<p>Metal Design</p>	
<p>Pontic Design</p>		<p>Occlusal Staining</p> <p><input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark</p>	
<p>CONTACT</p> <p>PROXIMAL <input type="checkbox"/> L* <input type="checkbox"/> M <input type="checkbox"/> H</p> <p>OCCLUSAL <input type="checkbox"/> L* <input type="checkbox"/> M <input type="checkbox"/> H</p>		<p>Porc. Butted Margin</p> <p><input type="checkbox"/> Buccal Only <input type="checkbox"/> 360°</p>	
<p>ABUTMENT MARGIN DEPTH</p> <p><i>If left blank, default values will be used</i></p>		<p>ABUTMENT EMERGENCE PROFILE</p> <p><input type="checkbox"/> Full Anatomical Dimension <input type="checkbox"/> Contour Soft Tissue <input type="checkbox"/> No Tissue Displacement</p>	

Rx INSTRUCTIONS :



Signature _____ Date _____