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**Send Your Cases to Jet Stream Today!**  
**(866) 905-3654**

**IMPORTANT:** Please call ahead to arrange rush cases.

**CROWN & BRIDGE PRODUCTS**

SELECT:  CROWN  BRIDGE  INLAY/ONLAY  VENEER

- |   |   |   |
|---|---|---|
| <b>ZIRCONIA</b>                                 | <b>ALL-CERAMIC</b>                          | <b>FULL CAST</b>                        |
| <input type="checkbox"/> Full Contour Zirconia  | <input type="checkbox"/> Lithium Disilicate | <input type="checkbox"/> Non-Precious   |
| <input type="checkbox"/> Zirconia Aesthetic ML  |   | <input type="checkbox"/> Semi-Precious  |
| <input type="checkbox"/> Zirconia Layered (PFZ) |   | <input type="checkbox"/> White Gold HN  |
|   |   | <input type="checkbox"/> Yellow Gold HN |

- |   |  |   |
|---|--|---|
| <b>PORCELAIN TO METAL</b>               | <b>C &amp; B EXTRAS</b>                    | <input type="checkbox"/> <b>MARYLAND BRIDGE</b> |
| <input type="checkbox"/> Non-Precious   | <input type="checkbox"/> Rest              | <input type="checkbox"/> <b>COMPOSITE</b>       |
| <input type="checkbox"/> Semi-Precious  | <input type="checkbox"/> Wing              | <input type="checkbox"/> <b>TEMPORARY</b>       |
| <input type="checkbox"/> White Gold HN  | <input type="checkbox"/> Fit to Partial    |   |
| <input type="checkbox"/> Yellow Gold HN | <input type="checkbox"/> Diagnostic Wax-up |   |

- IMPLANTS (Servicing All Major Implant Brands)**
- FCZ & Titanium Abutment Bundle** (Crown, Abutment, Screw, Analog, Tissue Model, Labor)
- CUSTOM/SELECT ABUTMENT:**  Titanium  Zirconia
- Stock Abutment
- Custom Abutment      Size \_\_\_\_\_
- Parts Supplied by Doctor      Manufacturer \_\_\_\_\_

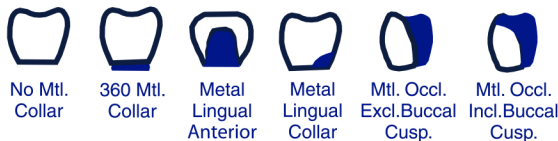
**FIXED CASE SPECIFICATION**

SELECT  Complete  Porcelain Bake  Glaze/Polish

STAGE:  MTI / Coping  Bisque Bake  Finish

- |                                 |   |
|---------------------------------|---|
| <b>STAINING</b>                 | <b>BUCCAL MARGIN</b>                                |
| <input type="checkbox"/> Light  | <input type="checkbox"/> Porcelain Butt Margin      |
| <input type="checkbox"/> Medium | <input type="checkbox"/> 360° Porcelain Butt Margin |
|                                 | <input type="checkbox"/> Heavy                      |
|                                 | <input type="checkbox"/> None                       |

**METAL DESIGN**



**PONTIC DESIGN**



- |                                |                                 |   |
|--------------------------------|---------------------------------|---|
| <b>OCCLUSAL CLEARANCE</b>      | <b>CONTACT</b>                  | <b>IF INSUFFICIENT ROOM:</b>                      |
| <input type="checkbox"/> Light | <input type="checkbox"/> Light  | <input type="checkbox"/> Adjust Opposing          |
| <input type="checkbox"/> Open  | <input type="checkbox"/> Medium | <input type="checkbox"/> Reduction Coping         |
| <input type="checkbox"/> Tight | <input type="checkbox"/> Heavy  | <input type="checkbox"/> Metal Occlusal / Lingual |



**REQUIRED INFORMATION**

Doctor: \_\_\_\_\_ Lic. #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Dr. Signature^: \_\_\_\_\_

Account #: \_\_\_\_\_

Due Date (by 5 pm): \_\_\_\_\_

Turnaround Time:  Fixed (10 Days)  Removables (10 Days)

Rx Date: \_\_\_\_\_ Patient Next Appt.: \_\_\_\_\_

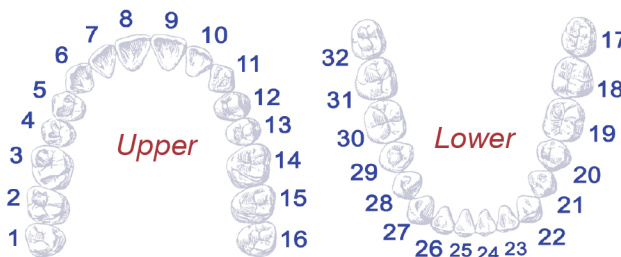
Patient Name: \_\_\_\_\_ / \_\_\_\_\_  M  F

**SPECIAL INSTRUCTIONS**

TOOTH #: \_\_\_\_\_

SHADE: \_\_\_\_\_

STUMP SHADE: \_\_\_\_\_



**REDO CASE**

**HIGH PRIORITY CASE UPGRADE\* (+\$10)**

**REDO:**  Yes  No

**ORIGINAL PRODUCT ENCLOSED:**  Yes  No

**REMOVABLE PRODUCTS**

SELECT:  FULL DENTURE  PARTIAL  UNILATERAL

- |                                     |  |  |
|-------------------------------------|--|--|
| <b>TISSUE SHADE:</b>                | <b>SELECT STAGE:</b>                           | <input type="checkbox"/> <b>UPGRADE TO PREMIUM TEETH</b> |
| <input type="checkbox"/> Light Pink | <input type="checkbox"/> Complete (One Stage)  |  |
| <input type="checkbox"/> Pink       | <input type="checkbox"/> Set to Enclosed Frame |  |
| <input type="checkbox"/> Ethnic     | <input type="checkbox"/> Wax Try-in w/Teeth    |  |
|                                     | <input type="checkbox"/> Frame Try-in          |  |
|                                     | <input type="checkbox"/> Final Process         |  |

**NON-METAL PARTIALS**

- Flexible Partial

**ACRYLIC PARTIALS**

- Flipper (1 Tooth)
- Stayplate\* (2-5 Teeth)
- Acrylic Partial\* (6+ Teeth)
- \*Includes wire clasps

**CAST METAL PARTIALS**

- Cast Metal (Chrome Cobalt)
- Vitallium 2000

**COMBO PARTIALS**

- Cast Metal Frame
- w/Flexible Saddles/Clasps

**CLASP DESIGN**

- Lab Select  RPI
- Roach  Akers

**MAJOR CONNECTOR**

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Lab Select    | <input type="checkbox"/> Full Palate | <input type="checkbox"/> Lingual Plate |
| <input type="checkbox"/> Horseshoe     | <input type="checkbox"/> Lingual Bar | <input type="checkbox"/> A-P Bar       |
| <input type="checkbox"/> Palatal Strap |                                      |  |

**REMOVABLE EXTRAS**

- |   |                                      |                                      |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Wax Bite Block | <input type="checkbox"/> Custom Tray | <input type="checkbox"/> Reline Hard |
| <input type="checkbox"/> Wax Bite Rim   | <input type="checkbox"/> Bleach Tray | <input type="checkbox"/> Reline Soft |
| <input type="checkbox"/> Cusil # _____  | <input type="checkbox"/> Rebase      | <input type="checkbox"/> Repair      |

**CASE MATERIALS ENCLOSED:**

- Impressions  Bite Registration  Models  Implant Parts

**REQUEST FREE SUPPLIES:**

- Rx Forms  Case Boxes  FedEx Labels

TURNAROUND TIME	Days InLab'
Fixed	10
Removable	10
Implants*	10+

\*Additional time maybe required to order parts.  
 †Excludes Weekends & Holidays. Working times are not guaranteed.

**Please Note:** A case requiring a call from a technician or scheduling department may cause delays to the fabrication process.

RUSH SERVICES/FEES <sup>^</sup>	Days InLab
"Rush 25" - \$25 Per Unit/Per Arch	5

▲Rush services/fees are not available for all products and subject to change during the holiday seasons. To arrange rush service for your case, contact Jet Stream Dental Lab's Scheduling Department. Rush fees not subject to credit.

### HIGH PRIORITY CASE UPGRADE

#### Priority Case Details:

- 1 Less working day in the lab
- Extra QC during production
- Production manager final QC
- Priority case seal and packaging

### \*IMPORTANT INFORMATION

All prices are subject to change without notice and are quoted as complete (one stage) or one unit. Some products are subject to additional fees, e.g., C & B and removable extras, attachments and additional implant parts, multiple stages, and metal surcharges.

\*All cases are delivered next day air by 5 pm to your office. Additional time and fees may apply to outlying areas. Alaska, Hawaii and International excluded.

## JET STREAM DENTAL LABORATORY TERMS & POLICIES ^

**By signing or sending this Rx slip (or a substitute therefore) to Jet Stream Dental Laboratory (d.b.a Jet Stream) I agree to abide by all terms and policies listed below.**

All statements must be paid in full by the 22nd of the month in which the statement is prepared. Any amounts not paid by the last business day of such month will incur a 2% finance charge per month, and the account will be automatically placed on C.O.D. terms. All cases will be billed in stages and will be paid in full according to stage. All cases and items sent remain the property of Jet Stream Dental Laboratory, until client's account is paid in full. All disputes shall be governed in all respects by California law and client agrees to submit to the exclusive jurisdiction of, and venue in the County of Los Angeles, State of California in any dispute, with the prevailing party to recover attorney's fees, court costs and other expenses, including actual expert witness fees, if any, in addition to any other relief to which prevailing party may be entitled.

Please visit [jetstreamdentallab.com](http://jetstreamdentallab.com) for complete warranty and remake information.