

Dr. Name _____ Acct. # _____

Phone # _____ Email _____

Patient Name/ID _____ ☐ Male ☐ Female
First Last

Deliver by 5 p.m. on _____

WEB Rx

\$20 off Bite Splint



* K M C M 2 8 *

Special Bite Splint Rx Offer*

1. Carefully package your case, including this Rx, and tape box securely closed.
2. To schedule shipping pickup, call us at 800-936-1848.
3. Please allow four working days in lab.
4. You'll save \$20 on one bite splint with this Rx.

OFFER EXPIRES MAY 31, 2021

*Price does not include shipping or applicable taxes. Limit one specially priced Rx per case. Web offer can only be used a maximum of four times per account. Special pricing not valid with any other offer.

(CHOOSE ONE)

- ☐ **Comfort H/S Bite Splint**
(hard/soft) \$59.....**you pay \$39***
☐ Upper ☐ Lower
Color options:
☐ Clear**
☐ Blue (+ \$5) ☐ Pink (+ \$5)

- ☐ **Comfort Bite Splint**
(hard) \$59.....**you pay \$39***
☐ Upper ☐ Lower
Color options: ☐ Clear**
☐ Turquoise (+ \$5)

ENCLOSED WITH CASE

- ☐ Impressions ☐ Models ☐ Bite
☐ Other: _____

**Standard unless specified otherwise

Signature _____ Date _____

(See reverse for limited warranty details)

Email _____ License # _____

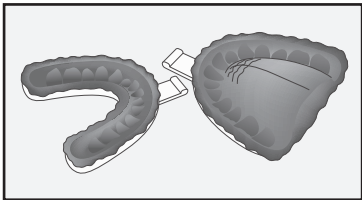
TERMS AND WARRANTY INFORMATION

We honor VISA, MASTERCARD, AMEX and DISCOVER.

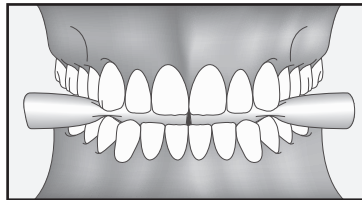
TERMS: All accounts are payable within 30 days of statement date. **Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance.** Prices subject to change without notice. Rx must be enclosed with original case submission.

LIMITED WARRANTY/LIMITATION OF LIABILITY. Las Vegas Digital Dental Solutions ("the lab") warrants that all dental devices (a "device") are made according to your specification and approval in the belief that the device will be useful and MAKES NO OTHER WARRANTIES INCLUDING, BUT NOT LIMITED TO, ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. Subject to the return of a device that is placed and then fails, the lab will repair or replace the device without charge for the cost of materials and workmanship or refund the original price paid, at the lab's option, as follows: (1) screw-retained implant abutments up to 20 years (including replacement of a device that was made by the lab that was attached to said abutments and including an Inclusive® Tapered titanium dental implant upon request at no extra charge); (2) porcelain to metal, all ceramic, all metal, single-unit inlay, onlay and crown composite resin final prosthetics, and screw-retained crowns and implant bars, up to seven years; (3) composite resin bridges (excluding Maryland and inlay/onlay bridges) up to five years; (4) thermoformed appliances and splints if the failure is due to defects in materials or workmanship, provisionals, composite resin Maryland and inlay/onlay bridges, up to six months; (5) all other dental devices up to 30 days if the failure is due to defects in materials or workmanship. This Warranty is exclusively for your benefit, is not transferable and does not extend to any patients. You agree to pay all other costs of adjustment, repair and replacement of a device. Except where prohibited by law, the lab WILL NOT BE LIABLE FOR ANY LOSS OR DAMAGES ARISING FROM THE USE OF A DEVICE, WHETHER DIRECT, INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL, regardless of the theory asserted, including warranty, contract, negligence or strict liability and if such disclaimer is not permitted by law, the duration of any implied warranty is limited to 90 days from the date of delivery. In the event of a dispute and absent an amicable resolution the parties mutually agree to waive class actions in favor of mandatory individual arbitration of claims under this limited warranty in and in accordance with the laws of Nevada. The lab does not guarantee the performance of independent carriers.

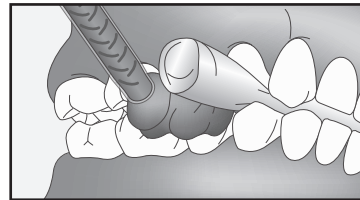
IMPRESSION AND BITE REGISTRATION GUIDELINES



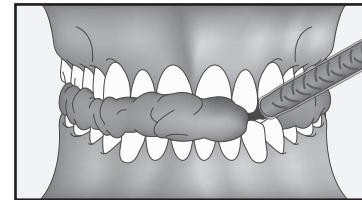
STEP 1: Take full-arch impressions of the maxilla and the mandible using VPS impression material.



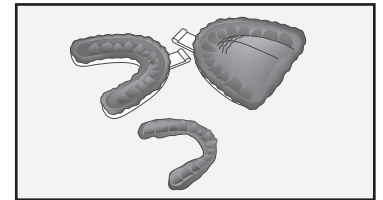
STEP 2: Place two cotton rolls behind the cuspids, and guide the patient into open centric relation.



STEP 3: With the patient in open centric relation, inject bite registration into the posterior openings of both quadrants and the anterior sextant.



STEP 4: Once the bite registration has set, remove the cotton rolls. Inject additional bite registration to join the three segments.



STEP 5: Send the full-arch impressions, full-arch bite registration and a completed Rx to the lab.