



Tran Dental Lab

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1201 Brighton Street
Philadelphia, PA 19111
215-342-6575 215-342-6570

www.TranDentallab.com		Date	Date		
Doctor			COLUMN TO THE STATE OF THE STAT		
Address					
Patient's Name		A	geF/M		
Please 1 Day Before	25 (20)				
	eneer 🔲 Onlay/Inlay t & Core 🖵 Cercon :	hanner og samtil	o Crown ⊔ plant □		
DESIGN Round Incisor Edge Square Incisor Edge	TO T		25 26 27 28 29 30 31 32 VER VER		
PORCELAIN FUSE ☐ GOLD ☐ Semi-Precious ☐ Non-Precious Instructions:	PONTICS Full Ridge Partial No Ridge Point Con		LARS Ollar / Slight / Full		

Please Send:	Rx Pads	Bag

Bags 🔲

TERMS AND CONDITIONS

Payment Terms:

All accounts are payable within 30 days of statement date. Account not paid within the stated terms will be a late charge of 2 % of the unpaid balance. Cost of collection of any account will be paid by th customer.

Remake and Credit Policy

All dental appliances are custom made and unfortunately cannot be refunded. However, a credit will be issued and applied to your account for any cases with problems pertaining to our laboratory work. The original case must be returned within 30 days from the invoice date. Cases refunded after 30 days can be redone at no charge.

Any remakes caused by our workmanship or material are done free of charge. Cases must return the original dental restoration along with the models.

Warranty Policy:

We guarantee all of our work for one year of clinical use, except for the following:

- Temporaries/provisional.
- Doctor's design modification of appliance, adjusting, altering or change of material.
- Cases completed after notification to the Doctor of poor impression bite or model.