

Practice Name _____ Invoice Name _____
 Invoice Address _____ City | County _____ Postcode _____
 Tel _____ Email _____
 Patient ID _____ Date _____

BATCH # (Office only)

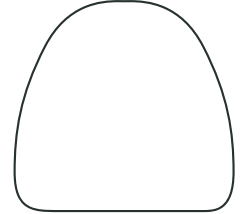
New Case Continuation/Remake Account Number
Work Required by Day Month

SCD RANGE

Turnaround time: **9 working days**

Denture Preparation	U	L	Occlusal Splints	U	L
Special Tray	<input type="checkbox"/>	<input type="checkbox"/>	Flat Plane Hard	<input type="checkbox"/>	<input type="checkbox"/>
Wax Rim	<input type="checkbox"/>	<input type="checkbox"/>	Flat Plane Hard/Soft	<input type="checkbox"/>	<input type="checkbox"/>
			Flat Plane Soft	<input type="checkbox"/>	<input type="checkbox"/>
Metal Partials			Tanner/Michigan (Canine Rise) Hard	<input type="checkbox"/>	<input type="checkbox"/>
Casting (Frame)	<input type="checkbox"/>	<input type="checkbox"/>	Tanner/Michigan (Canine Rise) Hard/Soft	<input type="checkbox"/>	<input type="checkbox"/>
Casting (Frame) with wax rim	<input type="checkbox"/>	<input type="checkbox"/>	Soft Splint	<input type="checkbox"/>	<input type="checkbox"/>
Casting & Try-in with teeth	<input type="checkbox"/>	<input type="checkbox"/>	Soft Splint with Canine Rise/Ramp	<input type="checkbox"/>	<input type="checkbox"/>
Casting Process/Finish	<input type="checkbox"/>	<input type="checkbox"/>	Gelb	<input type="checkbox"/>	<input type="checkbox"/>
			NTI	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Acrylic <input type="checkbox"/> Flexible Denture			Orthodontic Appliances		
Partial:			Active ROA (Draw Design Below)	<input type="checkbox"/>	<input type="checkbox"/>
Try-in	<input type="checkbox"/>	<input type="checkbox"/>	Fixed Devices (Draw Design Below)	<input type="checkbox"/>	<input type="checkbox"/>
Finish	<input type="checkbox"/>	<input type="checkbox"/>	Essix Retainer	<input type="checkbox"/>	<input type="checkbox"/>
Full: (Non Flexible)			Hawley Retainer	<input type="checkbox"/>	<input type="checkbox"/>
Try-in	<input type="checkbox"/>	<input type="checkbox"/>	Memosil lingual wire stent	<input type="checkbox"/>	<input type="checkbox"/>
Finish	<input type="checkbox"/>	<input type="checkbox"/>	Anti-Snoring Device		
			EMA	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Standard			Silensor SL	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High-Impact Acrylic			Moses (Snoring +/- sleep apnoea)	<input type="checkbox"/>	<input type="checkbox"/>
			Miscellaneous		
<input type="checkbox"/> Immediate Replacement	<input type="checkbox"/>	<input type="checkbox"/>	Mouthguard	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tooth-Coloured Clasps	<input type="checkbox"/>	<input type="checkbox"/>	Bleaching Trays	<input type="checkbox"/>	<input type="checkbox"/>
Shade:	<input type="checkbox"/>	<input type="checkbox"/>	Denture repair	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Clear Clasps	<input type="checkbox"/>	<input type="checkbox"/>			

SHADE (please email images)

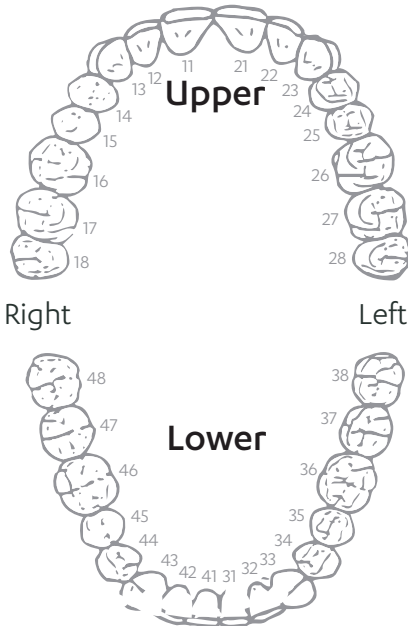


MATERIAL ENCLOSED

Please tick

	DR	SCD
Denture Teeth	<input type="checkbox"/>	<input type="checkbox"/>
Upper Teeth set on Wax	<input type="checkbox"/>	<input type="checkbox"/>
Lower Teeth Set on Wax	<input type="checkbox"/>	<input type="checkbox"/>
Upper Model or Impression	<input type="checkbox"/>	<input type="checkbox"/>
Lower Model or Impression	<input type="checkbox"/>	<input type="checkbox"/>
Upper Wax Rim	<input type="checkbox"/>	<input type="checkbox"/>
Lower Wax Rim	<input type="checkbox"/>	<input type="checkbox"/>
Bite Registration	<input type="checkbox"/>	<input type="checkbox"/>
Upper Framework	<input type="checkbox"/>	<input type="checkbox"/>
Lower Framework	<input type="checkbox"/>	<input type="checkbox"/>
Articulator	<input type="checkbox"/>	<input type="checkbox"/>
Upper Final Denture to Adjust	<input type="checkbox"/>	<input type="checkbox"/>
Lower Final Denture to Adjust	<input type="checkbox"/>	<input type="checkbox"/>
Upper or Lower previous Denture to return as a guide	<input type="checkbox"/>	<input type="checkbox"/>
Voucher Attached #	<input type="checkbox"/>	<input type="checkbox"/>
Images to be emailed	<input type="checkbox"/>	<input type="checkbox"/>

TEETH CHART



ADDITIONAL INSTRUCTIONS

Prescriber Feedback:

To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance, please inform us of any feedback or issues regarding the device(s) on receipt as soon as possible.

Terms & Conditions

DEFINITIONS

1. These are the terms and conditions of Southern Cross Dental Laboratory Ltd (CRO 636616) trading as Southern Cross Dental (herein after referred to as 'SCD' 'we', 'us', 'our' or 'it').
2. We reserve the right to add to, delete or change these terms at any time. Any changes to our terms and conditions will be published on our website at www.scdlab.ie and you should refer to the website from time to time for any such changes.

ACCEPTANCE

3. Any instruction received by SCD from the customer for the supply of goods and services shall constitute acceptance of the terms and conditions contained herein.
4. Upon acceptance of these terms and conditions by the customer, the terms and conditions are binding and can only be amended with the written consent of SCD.

CREDIT

5. SCD reserves the right not to accept an order for goods and services from a customer.
6. Credit is provided to the customer at the sole discretion of SCD, and can be withdrawn at any time. SCD reserves the right to request payment in advance from a customer.

PRICE and PAYMENT

7. The price of the goods and services provided shall be detailed in writing by SCD to the customer. Prices are subject to change without notification.
8. Where credit has been provided by SCD, invoices are due for payment thirty (30) days from statement date. Any balances outstanding over 30 days may incur interest and administration charges.
9. Payment can be made by credit card (+2.5% surcharge), electronic funds transfer or cheque. American Express credit cards are not accepted.

SERVICE

10. The customer is responsible for the safe and timely delivery of jobs sent to SCD for processing. SCD takes no responsibility for jobs that are delayed, damaged or lost in transit to SCD.
11. Normal turnaround times for jobs are approximately 10 working days, depending on the product, from when SCD receives the parcel. This is conditional on there being no delays as a result of factors beyond our control. Cases may take longer than the standard turnaround time where there are technical queries from the SCD technicians, potential problems to discuss, or where photographs are requested by the customer. Implants cases take longer to manufacture.
12. SCD is responsible for the delivery of completed work back to the customer.
13. SCD will only make delivery of completed work to the business address of the customer. SCD will not deliver completed work to a residential address.

GUARANTEE

14. SCD offers a guarantee on all crown and bridge work (except veneers, inlays or onlays) for any fractures or defects that occurred as a result of the manufacturing process (Guarantee).
15. Where SCD agree to replace the product, the new item will be made to the identical specification as the original product. Substitute materials will not be accepted. The Guarantee is subject to the following conditions.
 - a. The Guarantee is valid for the following products only (Products) from date of original invoice to the customer for the period specified below:
 - Crowns (excluding fully milled zirconia and layered zirconia) for a period of 5 years;
 - Fully milled 100% zirconia for a period of 10 years; and
 - Layered zirconia crown - framework for a period of 10 years; complete restoration for a period of 2 years.
 - b. The damaged Product must be returned to SCD for inspection.
 - c. SCD will assess the Product to determine, in it's sole judgement, whether a full or partial refund, or replacement product will be provided.
 - d. The Product will be remade for the customer in accordance with clause 16c, except that semi-precious or high precious metals or new components for implant cases will be charged for.
 - e. The Guarantee extends to the replacement Product provided except where, in the opinion of SCD, the material selected by the customer has a higher than usual chance of fracture or defect.
16. SCD reserves the right to void the Guarantee if, in its sole judgment, the damage to the Product has not been caused as a result of the manufacturing process.
17. There is no written guarantee on removable prosthodontics such as dentures/splints or any other product supplied by SCD.
18. The Guarantee is offered to dentists who have sourced the Products from SCD and is not intended to exclude or limit any rights or remedies a consumer may have under consumer law in the Republic of Ireland.

MEDICAL ADVICE

19. SCD will provide goods or services to the customer based on the order sheet provided by the customer, and may from time to time discuss the case with the customer through email, telephone or in person. The customer acknowledges that such discussions, and any representations by SCD, should be used merely as a guide rather than a definitive recommendation to adopt any specific action or treatment. Nothing transmitted in the course of such discussions shall constitute the establishment of a doctor-client-patient relationship between the customer and SCD. Responsibility for the diagnosis of a medical condition, and for the prescription of treatment planning or medicines, rests solely with the customer.

GOVERNING LAW

20. These Terms are governed by the laws of the Republic of Ireland. No action or proceeding may be commenced or maintained in relation to the website, our Products and Services or these terms except in a court of appropriate jurisdiction in the Republic of Ireland.