



KAIROS
Dental Lab

TOLL FREE: 877-4KAIROS
524767

www.kairosdental.com

1990 S. Santa Cruz St, Anaheim, CA 92805

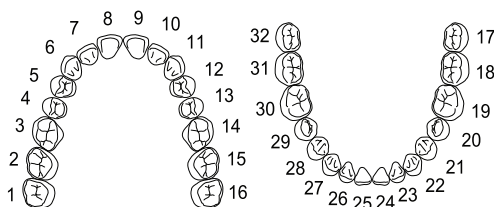
REMOVABLE RX FORM

Dr. Name _____ Date _____

Address/Email: _____

Patient Name _____ Age: _____ M F

DUE DATE (By 5 PM): _____



SHADE	MOULD
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Rx



DENTURES

- Standard Full Denture
- Suction Cup Denture
- Premium Full Denture
(Includes Vita® Premium Teeth)
- Q-Sil Denture

- Custom Tray Bite Blocks
- Teeth Try-In Finish

CAST PARTIALS

- Chrome Cobalt
- Vitallium 2000
- Flexible Combo Partial
 - TCS® (Default) Duraflex®
 - Valplast® (Includes Vita® Premium Teeth)

- Custom Tray Framework Only
- Framework Try-In w/ Bite Block
- Teeth Try-In w/ Frame
- Finish

- Follow Design Drawn
- Lab To Select Complete Design

METAL FREE PARTIALS

- TCS® (Default) Duraflex®
- Valplast® (Includes Vita® Premium Teeth)

- Custom Tray Bite Blocks
- Teeth Try-In Finish

RELINES, REPAIRS & STAYPLATES

- Stayplate K-Clear Stayplate
- Flipper Duplicate Denture
- Repair Rebase

- Hard Reline Soft Reline

NIGHTGUARDS & APPLIANCES

- | | | |
|--|--------------------------|--------------------------|
| | upper | lower |
| Soft Nightguard | <input type="checkbox"/> | <input type="checkbox"/> |
| Hard Nightguard | <input type="checkbox"/> | <input type="checkbox"/> |
| Combo (H/S) Nightguard | <input type="checkbox"/> | <input type="checkbox"/> |
| Bleaching Tray | <input type="checkbox"/> | <input type="checkbox"/> |
| Clear Essex Retainer | <input type="checkbox"/> | <input type="checkbox"/> |
| Sports Guard | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> NTI | | |
| <input type="checkbox"/> EMA® Sleep Apnea Device | | |

Signature: _____

Pink-Doctor's Copy, White & Yellow-Lab Copy

KAIROS DENTAL LAB TERMS & POLICIES***

By signing or sending this Rx form (or a substitute thereof), to Kairos Dental Lab, I agree to abide by all terms and policies listed below.

All statements must be paid in full by the 21st 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 Kairos Dental Lab until client's account is paid in full. A minimum of \$50.00 will be charged for returned checks. 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 Orange, 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.

ALL CASES GUARANTEED TO SUBMITTED MODELS OR IMPRESSIONS.

KAIROS'S WARRANTY***

1. Kairos's warranty covers the repair or replacement of a fixed or removable prosthetic.

WARRANTY CONDITIONS***

1. Prosthesis must be inserted by a licensed practicing dentist.
2. Patient must adhere to semi-annual dental maintenance (cleaning and exam) in the office of a licensed practicing dentist.
3. The maintenance schedule on this certificate must be documented by the attending dentist each visit to validate this warranty.
4. Dental prosthetic must be returned with model work in order for the credit to be issued.

WARRANTY COVERAGE EXCLUDES***

1. Cash refund for prosthesis.
2. Cost incurred for removal or insertion.
3. Incidental or consequential damages; including inconvenience, lost wages, chairtime, or pain and suffering.
4. Repairs resulting from accident, neglect, abuse, failure of supportive tooth or tissue structures, improper adjustments or dental hygiene.
5. Kairos Dental Lab is not liable for any fixed prosthetic over 5 (five) units or any removable prosthetic that has not been appropriately fitted prior to process.
6. Repairs, relines, temporaries, implants, immediate dentures or partials, and appliances partially or completely fabricated by another lab other than Kairos Dental Lab.

***Warranty begins on delivery date. This warranty is in lieu of all other warranties, whether expressed or implied, and may not be modified by any agent, employee, representative or distributor of Kairos Dental Lab.

***All warranty terms and conditions are subject to change without notice. Please visit www.kairosdental.com to receive a complete list of warranty terms and conditions.

***All prices are subject to change without notice and are quoted as one stage. Some products are subject to additional fees, e.g., bridge connectors, additional implant parts, multiple stages, and metal surcharges.

***All discounts will be applied to promoted product and current pricing. Discount terms are subject to change without notice.

Please refer to our website for working times.

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