

Smile-Vision is a custom dental laboratory helping clients attract larger cases & deliver them more predictably & profitably

December 2017 Fees and Procedures

Smile-Vision Template Technique Fee Calculator

Units	Arches	Wax-up		Waxup +Monolithic zirconia or e.max	
		Total	Per unit	Total	Per unit
2	1	\$299	\$149	\$729	\$364
4	1	\$414	\$104	\$1,274	\$319
6	1	\$529	\$88	\$1,819	\$303
8	1	\$645	\$81	\$2,365	\$296
8	2	\$828	\$104	\$2,548	\$319
10	1	\$760	\$76	\$2,910	\$291
10	2	\$944	\$94	\$3,094	\$309
12	1	\$876	\$73	\$3,456	\$288
12	2	\$1,059	\$88	\$3,639	\$303
14	1	\$991	\$71	\$4,001	\$286
14	2	\$1,174	\$84	\$4,184	\$299
18	2	\$1,405	\$78	\$5,275	\$293
28	2	\$1,982	\$71	\$8,002	\$286

Monolithic Emax, Zirconia or Celtra - See next page
 Layered Ceramic - Emax, Empress, Zirconia or Celtra \$65 additional per Unit
 OverTemps - Add \$45 per unit
 All fees include shipping one-way

Contact Smile-Vision for a fee estimate BEFORE presenting your larger cases

Pre-schedule your cases – to guarantee the fastest turnaround times! Call Smile-Vision or order cases on-line with DDX. Contact us for DDX login information.

Cases Not Scheduled in Advance – Turnaround times will vary depending upon workload. Include your desired due date on your RX or on DDX and we will make every effort to meet it. You will be contacted when your case arrives if we cannot meet the requested date.

Payment Terms – Credit card information is kept on file. The card is charged as cases are shipped. A second payment option is via UPS COD service.

Shipping – USA and Canada - We **offer complimentary ground shipping to our lab via UPS.** You may call Smile-Vision prior to shipping your cases to determine the most economical method for shipment within your time frame.

12 Month No-fault Post-insertion Guarantee – Our lab will remake your case at 50% of the current fee (no matter what the reason) for a period of 12 months following insertion.

All implant components used by Smile-Vision are FDA 501K Approved

Smile-Vision Contact Information

143 California St. Newton, MA 02458 Phone 800-634-3480 or 617-923-9616
 Fax 617-924-8163 www.smilevision.net E-mail: info@smilevision.net

SMILE-VISION

Laboratory Services

143 California St. Newton MA 02458
 Telephone 800-634-3480 Fax 617-924-8163
 E-mail info@smilevision.net
 Reg. Texas Dental lab #3302
 SC Lic.# DT.515 ; KY Lic.# L0016

Doctor _____

Patient _____ Date _____

Street _____

Phone _____ Due Date _____

City _____ State _____ Zip _____

Return UPS Gnd. 2nd day Overnight Other

Please circle the appropriate items

Items shipped with this case

Counter Model	Master Impression	Shade Tab	Bite Registration	Metal Articulator	Study Model
---------------	-------------------	-----------	-------------------	-------------------	-------------

Teeth to Be Restored

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

<u>Restoration Type:</u>	<i>Monolithic Or Layered</i>	<i>E-max</i>	<i>Empress</i>	<i>Zirconia</i>	<i>Celtra</i>
<u>Please circle your choice(s)</u>	<i>Radica OverTemps</i>	<i>Long-Term Temps</i>	<i>Full cast</i>	<i>PFM</i>	<i>Implant Abutment</i>

Articulation: Plastic hinge Metal hinge Denar Hanau Artex Panadent Stratos Whip-Mix Sam 3

Please Return: Single units Splint Completed Frame only Bis Bake

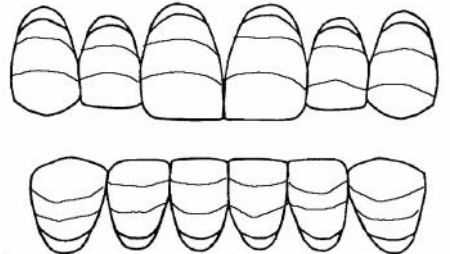
Alloys: 50% gold 88% gold We use Vita porcelain on all PFM & Zirconia cases

Templates: Wax-up Template and prep guide Prepare teeth on duplicate model Imaging date _____

Texture: Heavily defined Moderate Light Smooth

To send digital scans find Smile-Vision at:
 Itero– Smile-Vision Inc. #4592
 Cerec Connect– Smile-Vision Inc. Zip code=02458
 Trios – Enter “connect” email:
 David@digital-milling.com

Shade



Additional Instructions: ↓

License: _____ Dr. Signature _____ Date _____

Smile-Vision Implant Checklist

Please fill out in addition to lab RX when sending implant cases

Tooth (implant) #	Implant brand	Implant type	Implant table diameter

- Use enclosed implant parts provided by doctor
 Please order all necessary implant parts

Current soft tissue formation: (Check on left)

- Stock healing cap
 Custom temporary healing cap / abutment

Please fabricate: (check on left)

- CAD/ CAM titanium custom implant abutment
 CAD/ CAM Zirconia custom implant abutment- Shade _____
 Cast gold hand milled custom implant abutment
 Modified stock titanium implant abutment
 Modified stock Zirconia implant abutment

Implant abutment design specifics:

Place margins _____ mm below / above height of soft tissue.

Additional notes:

Implant manufacturers contact information:

Ace Surgical	800-441-3100	www.acesurgical.com
Bicon	800-882-4266	www.bicon.com
Bio Horizons	888-246-8338	www.biohorizons.com
Biomet 3i	800-342-5454	www.3ionline.com
Dentsply Implants	800-531-3481	http://www.dentsplyimplants.us/
Implant Direct	888-649-6425	www.implantdirect.com
Lifecore	866-902-9272	www.keystonedental.com
Nobel Biocare	800-993-8100	www.nobelbiocare.com
Straumann	800-448-8168	www.straumannusa.com
Zimmer Dental	800-854-7019	www.zimmerdental.com

Smile-Vision Laboratory Services

143 California St. Newton, MA 02458

Phone: 800-634-3480 E-mail: Jonb@smilevision.net www.smilevision.net