

CUSTOMER ACCOUNT NUMBER \_\_\_\_\_ DENTIST LOCATOR DOCTOR'S NAME \_\_\_\_\_

**ARE YOU A SNAP-ON SMILE DENTIST LOCATOR MEMBER?\***  YES  NO  
 DENTIST LOCATOR DOCTOR'S ZIP CODE \_\_\_\_\_

\*The Lab MUST provide the Doctor's Name and Zip Code IF the Doctor is a participating member in the Snap-On Smile Dentist Locator Service in order to get the member discount Lab Fee.  
 The Lab MUST in turn pass on the member discount to the member Doctor who submitted the case.  
 CUSTOMER NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**WOULD YOU LIKE TO PURCHASE THE OPTIONAL EXTENDED WARRANTY?\***  YES  NO  
 DR.'S LICENSE NUMBER \_\_\_\_\_

\$99 additional charge per arch. Only available in US and Canada. (Part Number 900056800)  
**See back for further details**  
 SIGNATURE \_\_\_\_\_

Patient Identification Information \_\_\_\_\_

Lab Name: \_\_\_\_\_

Address: \_\_\_\_\_

www.snaponsmile.com

**FOR STUDIO USE ONLY**

DATE RECEIVED #: \_\_\_\_\_ PAN #: \_\_\_\_\_

OPEN INITIALS: \_\_\_\_\_

INCOMING NOTES: \_\_\_\_\_

ORIGINAL ORDER #: \_\_\_\_\_

REMAKE/REPAIR REASON CODE: \_\_\_\_\_

STAGE: \_\_\_\_\_

CUSTOMER #: \_\_\_\_\_

O/E INT: \_\_\_\_\_

NEW ORDER #: \_\_\_\_\_

STAGE: \_\_\_\_\_

**Section 2: Appliance Instructions\***

- 1. Shade:** \_\_\_\_\_
- 2. Occlusal Holes** (Please check "Yes" or "No"):  
 Yes  No Holes/Increase of Vertical Dimension VDO  
 If no holes (Please check 1 box below):  
 Minimum 0.5 mm  1 mm  2 mm  \_\_\_\_\_ mm

**3. Pontic Design:**



**Section 1: Appliance Type**

(Please check one of the 4 boxes below)


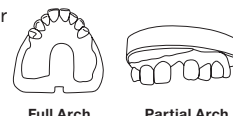
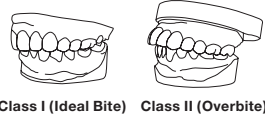
- Snap-On Smile (Standard) Full Arch (6 units or more)  
 Snap-On Smile (Standard) Partial Arch (5 units or less)  
 Snap-On Smile (Advanced\*) Full Arch (6 units or more)  
 Snap-On Smile (Advanced\*) Partial Arch (5 units or less)






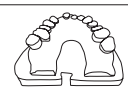
\*Advanced cases will incur an additional added value fee.

NOTE: Cases that fall outside the product parameters of either a SOS Standard or Advanced case will be deemed contraindicated and will not be fabricated. See back for further details about Snap-On Smile Contraindications.

**SNAP-ON SMILE**

**SNAP-ON SMILE ADVANCED**

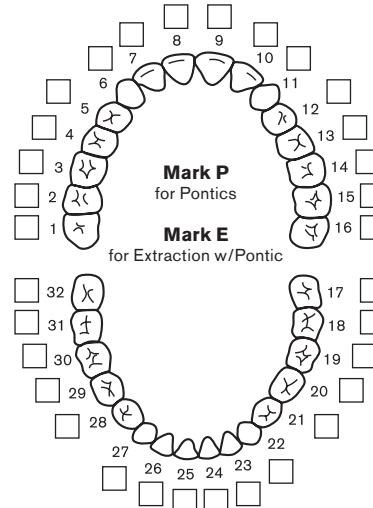
- Edentulous spans up to 22mm (Full Arch) & up to 14mm (Partial Arch)
 
- Up to 22mm cantilever extensions (Full Arch) & up to 9mm cantilever extensions (Partial Arch)
 
- Appropriate for Class I (Ideal Bite) or Class II (Overbite)
 

- Edentulous spans with 2 abutments > 22mm & < 40mm (Full Arch)
 
- Correcting severe buccal inclinations
 
- Severe malocclusion (Cross bite)
 
- Appropriate for certain Class III bites (Underbites)
 
- Embedded Implants (Up to 3)
 
- Cases with limited retention
 

**Section 3: Appliance Design\***

**Uppers:** Tooth # \_\_\_\_\_ to Tooth # \_\_\_\_\_

**Lowers:** Tooth # \_\_\_\_\_ to Tooth # \_\_\_\_\_



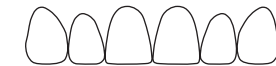
Case Enclosures

- Full Arch Impression  Patient Photograph  
 Bite Registration  Articulator  
 Opposing Full Arch Model/Impression  Other

**SNAP-ON SMILE SMILE STYLES**

(Please check one of the 5 boxes below)

**Hollywood\*** (Centrals: Square Round, Laterals: Square Round, Cuspids: Flat (with option to make slightly shorter))



**Softened\*** (Centrals: Square Round, Laterals: Square Round, Cuspids: Round)



**Natural\*** (Centrals: Square Round, Laterals: Short Square Round, Cuspids: Pointed)



**Functional\*** (Centrals: Square Round, Laterals: Square Round, Cuspids: Pointed)



Follow Existing Dentition (Default)

\*Used with permission by William M. Dorfman, DDS, The Smile Guide.

**\*Appliance will be created with no holes, covering all teeth in the arch, if Sections 2 and 3 are not completed in full.**



**SHIPPING:**

Please allow 5 working days from date of case acceptance (including acceptable impressions/models, bite registration, and complete prescription information). Working days do not include weekends or holidays. Times do not include time in transit and times do not include the day case is shipped. Outbound shipments are a standard \$15 (\$25 CN) flat fee per case. All returns must be sent to the following address:

Lab Name: \_\_\_\_\_

Address: \_\_\_\_\_

**SHADE OPTIONS:**

Snap-On Smile is available in 19 monochromatic shades. Please refer to the custom Snap-On Smile Shade Guide.

**SNAP-ON-SMILE® LIMITED WARRANTY**

The Snap-On Smile Limited Warranty is between **DenMat and the doctor**. It covers any defects in materials or workmanship in the Snap-On Smile (both full and partial arches), and runs for one (1) year from the date the doctor receives the Snap-On Smile.\*

**WARRANTY COVERS:**

DenMat will, at its option, repair or replace a Snap-On Smile that proves to be defective in materials or workmanship. DenMat's warranty obligation is limited to a **one-time replacement of the original Snap-On Smile**, and DenMat makes no warranty, express or implied, with respect to the replacement appliance. If the Snap-On Smile becomes damaged during the warranty period, and the conditions set forth in this warranty have been met and no exclusion applies, the doctor may send the appliance in for repair to DenMat, freight prepaid, at any time during the warranty period. There will be no handling charge for warranty work for the first 90 days of the warranty period. During this initial 90-day period, there will be no charge for repair or replacement. After 90 days, there will be a \$37 handling fee (US dollars) for all warranty claims. For all warranty claims you must return the old appliance.

**CONDITIONS THAT MUST BE MET FOR WARRANTY TO APPLY:**

To obtain warranty service, the providing doctor will need a Return Authorization Number from DenMat. This can be obtained by calling 800-433-6628, or by emailing warranty@snaponsmile.com. If emailing, please provide a detailed description of the reason for the return.

**ADDITIONAL SPECIAL INSTRUCTIONS:**

**WARRANTY DOES NOT COVER:**

- Cash refunds.
- Changing shade from the original prescription request. No shade change will be made in any warranty claim for any reason.
- Modifying the teeth numbers from the original prescription request.
- Incidental, consequential, or special damages, exemplary damages, including inconvenience, lost wages or pain and suffering.

**SNAP-ON-SMILE® OPTIONAL EXTENDED LIMITED WARRANTY**

**(Available for purchase by doctor from DenMat):**

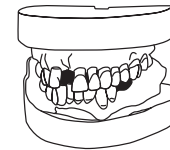
For **\$99 (US dollars) per arch**, an Extended Limited Warranty may be purchased from DenMat that extends the repair or replacement time frame of your patient's Snap-On Smile (both full and partial arches) to three (3) years (two additional years beyond the standard Limited Warranty). All other terms and conditions of the Snap-On Smile Limited Warranty apply. This offer is valid for 30 days after receipt of appliance. To purchase, please call 800-433-6628. This offer is only valid for doctors located in the US and Canada.

Please contact us at **800-433-6628** if you have any Snap-On Smile Warranty questions or comments.

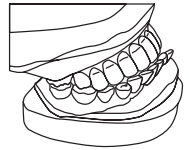
**SNAP-ON SMILE CONTRAINDICATIONS**

**CONTRAINDICATIONS**

Severe Periodontal Cases (Generalized Mobile Teeth)



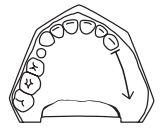
Severe Class III Bites



Edentulous



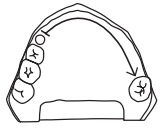
Cantilever Distal Extensions > 22mm



Snap-On Smile Over an Existing Denture



Edentulous Spans > 40mm



Visit [www.denmat.com/snaponsmile](http://www.denmat.com/snaponsmile)

**Contact DenMat Customer Service at 800-433-6628 or [warranty@snaponsmile.com](mailto:warranty@snaponsmile.com) if you have any questions or comments.**

\*For full details of the Snap-On Smile Limited Warranty, please see enclosed 2012 Warranty Policy flyer.