

CUSTOMER NUMBER _____

HOW DID YOU LEARN ABOUT LUMINEERS®?

- Current Customer Advertisement Patient
 Referred by _____ DDS Y N
 Phone # _____

DOCTOR'S NAME (LAST, FIRST, MI) _____

SHIPPING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

PATIENT'S FIRST NAME _____ LAST NAME _____

AGE _____ SEX M F REQUESTED DELIVERY DATE: _____

PROMOTION CODE _____

- NEW CASE** AUDITION™ BY LUMINEERS®
 STUDIO ADJUST STUDIO REMAKE/REPAIR _____
 METAL TRY-IN
 FOLLOW STUDY MODEL FOR CONTOURS

A. SELECT RESTORATION:

ALL PORCELAIN RESTORATIONS:

- LUMINEERS®
 V crown
 3/4 crown
 PJC/360° crowns
 LUMINEERS bridge

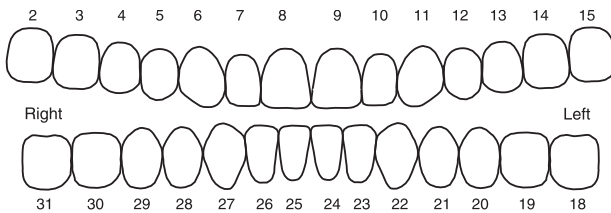
METAL REINFORCED RESTORATIONS:

- PFM Crown
 Butt margin crown
 Maryland bridge
 Hugger™ bridge

B. SELECT MATERIAL:

- Cerinate Porcelain
 TrueVitality™ Resin
 Porcelain/Metal: Precious Semi-Precious Non-Precious

Indicate each tooth to be restored:



Additional requirements:

- Diagnostic wax-up Maxillary Mandibular Both
 Whitening tray Maxillary Mandibular Both
 Bruxing appliance Maxillary Mandibular Both

C. REQUIRED SHADE SPECIFICATIONS: Case cannot be processed without shade specification

Current shade is: _____ Shade requested: _____

- Monochromatic (body shading only)
 Polychromatic (cervical, body, incisal shading)
 Tetracycline, fluorosis stain
 Translucent porcelain with shade change ability

D. CASE DESIGN:

- Additional length: .5 mm 1 mm 1.5 mm
 Alignment
 Complete diastema closure
 Incisal wrap
 Partial diastema closure (specify) _____
 Recontouring

E. INCISAL EDGE SPECIFICATIONS:

- Bicuspids: Square Flat Rounded Pointed
 Central incisors: Square Flat Rounded Pointed
 Cuspids: Square Flat Rounded Pointed
 Lateral incisors: Square Flat Rounded Pointed

F. MATERIALS PROVIDED:

- Impressions Bite Warranty Card
 Master model Photos Coupons
 Opposing model Shade tab CD's/Disc
 Study model Dies Smile Guide
 Custom shade chip Articulator Shade Vision
 Other _____

G. LUMINEERS TIME SCHEDULE mark what applies*:

- 9-Day Lead Time—Standard for all customers
 8-Day Lead Time—For LUMINEERS Smile Discovery Program members (To learn how to become a member call 1-800-445-0345)
 5-Day Delivery—Express service is offered to all customers for an additional fee per unit
 3-Day Delivery—*RUSH!* service is offered to all customers for an additional fee per unit

(FREE delivery to and from on all LUMINEERS cases of 4 units or more). (Combination Cases—All cases that include LUMINEERS and other Studio products will take a lead time of 12 days.)

* For LUMINEERS casework only. All delivery days are working days only. 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.

H. OTHER STUDIO PRODUCTS TIME SCHEDULE

- 12-Day Lead Time

SPECIFIC INSTRUCTIONS:

FOR STUDIO USE ONLY

DATE RECEIVED #: _____ PAN #: _____

OPEN INITIALS: _____

INCOMING QC NOTES: _____

O/E NOTES: _____

ORIGINAL ORDER #: _____

REMAKE/REPAIR REASON CODE: _____ STAGE: _____

REMAKE REASON: _____

CUSTOMER #: _____ O/E INT: _____

NEW ORDER #: _____ STAGE: _____

REQUIRED FIELDS MUST BE FILLED IN BEFORE STUDIO CAN PROCESS

PLEASE NOTE: By submitting this Rx, I agree to terms and conditions on reverse side.

DR.'S SIGNATURE: _____

DR.'S LICENSE NUMBER: _____

PRE-ARRANGED: YES NO

IF YES, ORDER NUMBER: _____

IMPORTANT NOTE:

- We recommend that you check your impression by pouring a model. Make sure the model meets your standards before sending in your case.
- Be sure to include the opposing model on all cases.
- Case processing will begin after we have received all appropriate prescription information, necessary materials, and response to any inquiries from the Studio staff.

TERMS AND CONDITIONS

THIS ORDER FOR THE CUSTOM MADE MEDICAL DEVICE DESCRIBED HEREIN "PRODUCT" IS SUBJECT TO ALL OF THE TERMS AND CONDITIONS STATED ON THE FACE AND BACK OF THIS PRESCRIPTION. NO ORAL AGREEMENT OR OTHER UNDERSTANDING SHALL OTHERWISE MODIFY OR CHANGE THE TERMS OF THIS AGREEMENT UNLESS AGREED TO IN WRITING AND SIGNED BY DEN-MAT® HOLDINGS, LLC.

1. Payment. Payment is due in full within 30 days from date of invoice. A late penalty of 1-1/2% per month will be charged on all balances not paid within 30 days from date of invoice. By submitting this prescription you agree to pay in full the stated price of Product plus applicable taxes and shipping and handling fees. You further agree to pay any late payment penalties and payment collection costs, including attorney's fees, if applicable.

2. Product Inspection. You have the right to inspect the Product prior to acceptance. You accept the Product if you use it in any way, including but not limited to, the placement of the Product in a patient's mouth and/or modifications of any sort made by you or your office. If you do not notify the Cerinate Smile Design "Studio" of your rejection and return the Product to the Studio within 15 business days after your receipt of the Product, it will be deemed you have accepted the Product.

3. Rejection. If you request the remanufacture of the Product, you must submit all original materials to the Studio, including but not limited to photographs, original impressions, models and the Product. You must thoroughly and carefully disinfect and clean all blood and saliva from all materials used in the mouth. The Studio shall decide, at its sole discretion, if the Product is repairable or requires remanufacture.

* If you reject the Product because it does not meet your specifications due to an error on your part or because you request a shade change or modification other than originally specified on the Prescription form, the Studio will remake the Product within a

reasonable time. In such event, you shall be responsible to pay (a) the original contract price, (b) fifty percent (50%) of the costs to remake the Product, and (c) shipping and handling fees for the remake Product.

* If you reject the Product because it does not meet your specifications due to an error by the Studio, the Studio will remake the Product within a reasonable time and ship it to you at no additional cost. In such event, you shall only be responsible to pay the original contract price.

* If you reject the Product because it does not meet your specifications due to errors by both you and the Studio, or fault is difficult to determine, the Studio will remake the Product within a reasonable time. In such event, the cost of remaking or replacing Product and all related shipment and handling fees will be divided pro rata between you and the Studio, the apportionment to be determined at the Studio's sole discretion.

4. Cancellation. If you would like to cancel an order that you have not yet received, please notify the Studio as soon as possible. You understand that the Studio may have begun working on your customized order and you agree to pay the Studio for any costs actually incurred in connection with your order prior to your cancellation request, up to the full stated price. Unfortunately, cancellation requests cannot be honored after the Product has been made.

5. Returns. Other than for the limited reasons stated herein, your custom made Product cannot be returned.

6. Limited Warranty. Den-Mat will repair or replace, at its sole discretion, any Product that is defective or does not meet your specifications as described herein. This is your exclusive remedy. In no event will Den-Mat be liable for any economic, incidental, consequential or punitive damages that may arise out of your use of or inability to use the Product.

7. Indemnity. You agree to hold Den-Mat, the Studio, and their respective officers, directors, employees, agents, successors and assigns harmless from and against any claim, loss, damage or expense, including attorneys' fees and court costs, arising from or related to your use or misuse of the Product.

8. Dispute Resolution. Any controversy or claim arising out of or related to this contract shall be settled by arbitration to be held in Santa Barbara County, California, in accordance with the Rules of the American Arbitration Association or the International Arbitration Rules of the American Arbitration Association, and the decision rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof. The arbitrator(s) will be selected from a panel of persons having experience with and knowledge of dental technology and the dental business. The language of the arbitration shall be English. Nothing in this provision shall limit or affect in any way any legal proceeding between the parties that has commenced or remains pending prior to the formation of this agreement.

9. Governing Law. The provisions hereof shall be interpreted in accordance with the laws of the State of California.

10. Miscellaneous. This Prescription and any attachments, including but not limited to, prescriptions, modifications, diagrams, photographs, models or instructions of any sort, are incorporated into this agreement and constitute the entire agreement between the parties regarding this order. If any provision of this agreement is determined to be invalid or unenforceable by a court of competent jurisdiction, such determination shall in no way affect the validity or enforceability of any other provision herein.