

FOR INTERNAL USE ONLY			
A	M	I	B

FOR INTERNAL USE ONLY
D <sup>4</sup>



**PLEASE CALL - Phone #:**

*(Selecting call for consultation will delay production/turn-around time)*

◆ Phone: (619) 724-6400 ◆ Fax: 619.724.6401 ◆ M-TH: 8am - 4pm P.S.T. F: 8am - 12pm P.S.T. ◆ 7859 El Cajon Blvd. La Mesa CA, 91942 ◆

◆ All rush cases require prior authorization; please call to confirm rush delivery ◆ For shipping labels, please visit: [www.diamondorthoticlab.com](http://www.diamondorthoticlab.com) ◆

◆ If your due date does not follow the production calendar, changes will be made and updated **only** to Diamond's Client Portal . Please click **SUBMIT** to send this form electronically ◆

**1 DENTIST INFORMATION:** Practice Name: \_\_\_\_\_

Doctor:	FIRST	LAST	* License #:
Phone:	-	-	Fax:
Email:			
Address: (If different than address on account form)			
City:	State/Province:	Zipcode:	Country:

**2 PATIENT NAME:** \_\_\_\_\_ FIRST LAST

<input type="checkbox"/> New Case	<input type="checkbox"/> New items for existing case (i.e. new bite, new records (scans, impressions, models per Diamond request))
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**3 Notes/Comments**

**4 Please select how you will be sending records for this patient- this ensures the proper records are paired with this form.**

**PHYSICAL RECORDS**



**Stone Models**



**PVS Impressions**



**Bite Registration**

**DIGITAL RECORDS**

\_\_\_\_\_ 3shape

\_\_\_\_\_ Carestream DENTAL

\_\_\_\_\_ CEREC <sup>®</sup>  
by Strona

\_\_\_\_\_ iTero <sup>®</sup>

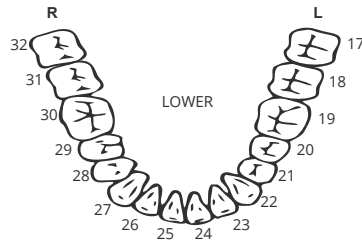
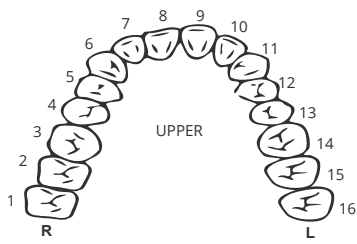
\_\_\_\_\_ MEDIT

\_\_\_\_\_ midmark <sup>™</sup>

\_\_\_\_\_ **ALL OTHER SCANNERS**

*(upload .STL files to this form below)*

# D<sup>4</sup> - Diamond Digital Dorsal Device

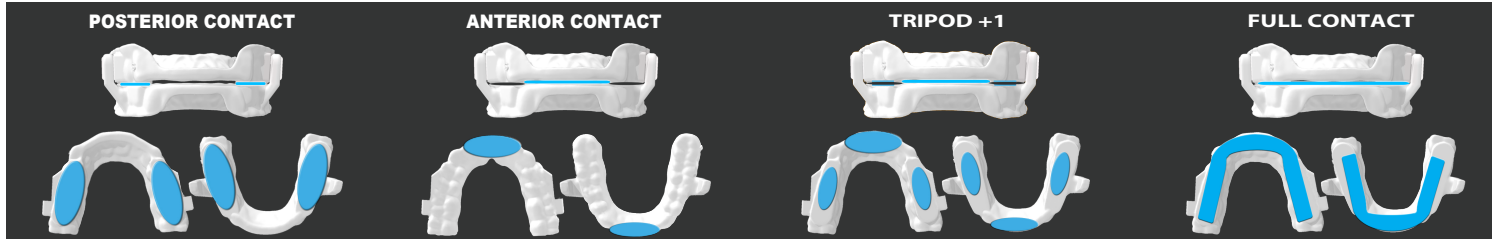


CASE NOTES/INSTRUCTIONS



Please select teeth with special consideration for retention

## 1 OCCLUSAL OPTIONS - Blue areas indicate occlusal-pad contact



## 2 Occlusal Add-ons

- ON-Loop   
  ON - Ramp   
  BAB - Loop   
  KLAUER-POD (Requires vertical shims for removable anterior pad)

## 3 Changes to Articulation

- Increase for clearance (Lab decision)  
 Increase vertical + \_\_\_\_\_ mm  
 Decrease vertical - \_\_\_\_\_ mm  
 Protrude \_\_\_\_\_ mm  
 Retrude \_\_\_\_\_ mm  
 Wrap distal of last tooth (may require increase in vertical)

### Range of Motion

- Maximum Opening: \_\_\_\_\_ mm  
 Maximum Protrusion: \_\_\_\_\_ mm  
 (from centric bite)

## Additional Modifications

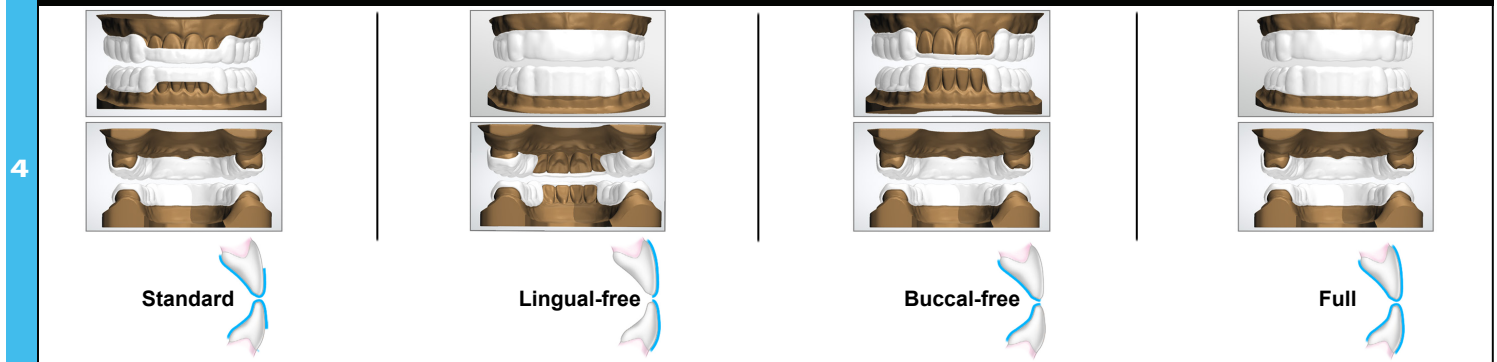
- Hooks for elastic retention (lip-seal)  
 Tongue Positioners  
 Vertical Titration  
 0.5mm Advancement Tabs

## AM "Repositioner"



Color: \_\_\_\_\_

## 4 Design Preferences - The device will be designed with standard preferences if nothing is selected; incisal edges are covered for all options



## 5 Olmos Day (OD) Orthotic Selection

(MUST SELECT CHECK BOX IF ORDERING DAY ORTHOTIC)



**OD (Olmos Day)**

Light Indexing (standard)  
 Heavy Indexing  
 Canine-Guidance  
 Expansion Screw  
 Type: \_\_\_\_\_  
 Color: \_\_\_\_\_

**Changes to Articulation (Day Orthotic)**

Increase for clearance  
 Increase vertical + \_\_\_\_\_ mm  
 Decrease vertical - \_\_\_\_\_ mm  
 Minimum speaking space

RUSH CASE REQUEST	
PMT/ACRYLIC	DIGITAL
Standard	Standard
Expedited	Expedited
Rush charges are defined on page 3.	Max Rush

**DUE DATE Requested:**

All cases will be manufactured according to the production calendar (available for download on our website). Turnaround times can be viewed on page 3. Manufacturing begins when Diamond receives all items required for production; NOT the date the case is sent to the lab.

**DATE:** \_\_\_\_\_

**DENTIST SIGNATURE: REQUIRED to process this form**

By signing this form, you agree to the terms and policies listed on the third page and accept sole responsibility for payment which includes any legal and collection costs/fees in the event of suit for non-payment. The prescribing doctors signature will authorize Diamond Orthotic Laboratory to fabricate, alter or repair the device described on this prescription form. Final invoices are available on Diamond's Client Portal once the case is completed and shipped

# 8]Ua cbX Policies

## IN-LAB PRODUCTION:

Rush charges per/device are displayed below

### TMJ Orthotics

Single Appliance (OD, OND, ONP, Night-Guard) .....	5-7 days
Two Appliances (OD + OND, ONP) .....	10 days
Standard Rush (+\$75).....	-3 days
Expedited Rush (+\$100).....	-5 days

### Printed (Nylon) Devices

All Nylon Devices .....	15 days
Standard Rush (+\$100).....	-5 days
Expedited Rush (+\$150).....	-8 days
Max Rush (+\$200).....	-10 days

### Sleep Devices

SomnoDent .....	10 days
TAP 3/DreamTAP .....	10 days

### Mouthguards & Essix

Trutaine .....	3-5 days
Diamond Performance (DEP) Sportsguard .....	7 days

## BILLING INFORMATION

- ❖ Invoice – All case invoices are made available in the client portal upon completing manufacturing.
- ❖ Statement – At the end of each month, you will receive a statement of outstanding invoices.

## TERMS OF PAYMENT

- ❖ All accounts are payable within 30 days of the invoice date. Accounts 30 or more days past due will be subject to PPC (Cash on Delivery). A late charge of 1.5% of the unpaid balance will be charged and all cases will be placed on HOLD until the balance is paid in full.

## CASE CANCELLATION

We understand your office(s) may be subject to non-payment by patients and other unfortunate circumstances under which the ordered cases are no longer desired. Maximum courtesy will be extended to our clients, however, the work in progress can-not be credited at full price. For the cases in production the charge will appear according to the amount of work completed at the time of cancellation. The costs of materials/parts used will be applied.



## WARRANTY

Diamond Orthotic Laboratory warrants all devices supplied to be free from defects in materials and workmanship during the warranty periods defined in the table to the right. All devices are guaranteed to fit on the provided impression/model and constructed to the specifications on the prescription form.

To be entitled to this warranty, the device must have been used and cleaned in accordance with the Instructions for Use. This warranty does not cover damage caused by normal wear and use, including any change in color that may occur over time. Diamond does not warrant the suitability of any device for a specific patient.

## WARRANTY CONT...

Warranty coverage is only effective with receipt of original items. Evaluation process will not begin until Diamond has received:

1. The original models/impressions
2. Bite registration
3. Unaltered device(s)
4. Completed RMA- Remake Authorization Form

Cases will remain at full charge pending receipt of above items and evaluation outcome. Due to factors out of our control such as distorted models and/or patient neglect, we can only guarantee our fabrication technique and the materials used. Warranty is voided for any products that have been altered or modified in any way by any entity, other than Diamond Orthotic Laboratory.

**If the original device or models are not returned, a new device can be fabricated at a 25% discount.**

Diamond's obligation under this warranty is limited to repairing or replacing any device found, at the sole discretion of Diamond Orthotic Laboratory, to have defects during the warranty period. All remake and Warranty claims will be evaluated by the Director of Operations or Diamond Senior Management within 5 days of completed claim receipt.

Printed (Nylon) Devices		5 Years – Unconditional - \$100 Reprint fee
PMT/Acrylic Orthotics		3 Months*
SnoreHook		N/A
SomnoDent-MAS		2 Years
TAP 3 / DreamTAP		3 Years

\* Occlusal surface wear and material degradation due to normal wear & tear are **not** covered under warranty.

# Send a Case

## DIGITAL Scans/Models

### 3SHAPE:

1. Visit: [us.3shapecommunicate.com](http://us.3shapecommunicate.com)
2. Once logged in to your account, click on the "connections" tab
3. Select "Add Connection" and type in: [info@diamondorthoticlab.com](mailto:info@diamondorthoticlab.com)

### Carestream:

1. You can select us as your lab with your scanner by selecting "Carestream Connect"
2. Search for Diamond Orthotic Laboratory or [info@diamondorthoticlab.com](mailto:info@diamondorthoticlab.com)

### CEREC-Sirona:

1. Click "Add" in scanner portal or go to [www.sirona-connect.com](http://www.sirona-connect.com)
2. Click "My Favorite Laboratory and then "search lab"
3. Select United States and enter our zipcode: 91942
4. Locate "Diamond Orthotic Laboratory" and select the "plus" button

### ITERO:

1. From your scanner's dashboard, select "FIND A LABORATORY" and type in: Diamond Orthotic Laboratory or
2. Call ITERO at 1.800.577.8768 and ask them to connect you with Diamond Orthotic Lab

### MidMark (3M):

1. Diamond Orthotic Lab can be added when your scanner is installed.
2. If your scanner is currently active, please call 1.800.634.2249.
3. Select option 3, then option 1.
4. Request Diamond Orthotic Laboratory to be added to your scanner.

### MEDIT:

1. Download the Medit Link software and login to your account.
2. Click 'Add New Partner' and search for 'Diamond Orthotic Laboratory' or [digital@diamondorthoticlab.com](mailto:digital@diamondorthoticlab.com) to begin sending cases to our lab.

**ALL OTHER SCANNERS:** Please upload your .STL files directly to the online order form.

## PHYSICAL Models/Impressions

- 1) Complete, Print & Send the Prescription Form: You can submit your Rx. form directly on Diamond's website or send it along with the physical records and bite registration.
- 2) Pack the Case:
  - a. Always pour alginate impressions in stone before shipping to the lab. Only polyvinyl impressions can be shipped
  - b. Separate multiple impressions & individually wrap each arch with foam to prevent breakage.
  - c. Please label all items (models, bite registration or impressions) with the patient's name or initials; this ensures all items are accounted for and assigned to the right patient.
  - d. Secure bite registration in a small bag or container; if sending multiple bites, please label: "day" and "night"
  - e. Pack the box with foam/peanuts and enclose the prescription
  - f. Make sure all items are secure and tape box closed
  - g. Place in shipping "PAK" if possible.
- 3) Follow USPS, UPS or FEDEX shipping guidelines to complete your shipment.

\*\* It is important that you order your shipping labels through our website rather than calling carriers directly. This will ensure that your pre-printed labels are completed accurately, and that your cases arrive as scheduled. Shipping labels are available online at [www.diamondorthoticlab.com](http://www.diamondorthoticlab.com). Diamond covers return ground shipping. Clients are responsible for 2-day and overnight shipments to Diamond Orthotic Lab. International Clients should contact Diamond for pre-printed airbills.

Please contact 619.724.6400 for any case discrepancy. Cases are considered complete and correct if Diamond is not notified within 72 hours of receiving the case.

# Contact Information

## General Information:

[info@diamondorthoticlab.com](mailto:info@diamondorthoticlab.com)

## Product Orders:

[diamondorders@diamondorthoticlab.com](mailto:diamondorders@diamondorthoticlab.com)

## Quality/Case Assurance

[diamondQA@diamondorthoticlab.com](mailto:diamondQA@diamondorthoticlab.com)

Login to **Diamond Client Portal** at:

[www.diamondorthoticlab.com](http://www.diamondorthoticlab.com)

OR

<http://orthotics.labstar.com>

\*All clients are required to send a completed, signed order (Rx.) form. If selections are not clear, your case will be placed on HOLD and will not begin production until the necessary information is provided.

\*\* Please note: Custom devices cannot be returned or refunded. Materials used for fabrication cannot be reprocessed or recycled.