



CARROLL

DENTAL LABORATORY, INC.

110 West King Street • Kinston, NC • 28501 • Tel: 1.800.359.2455

New Doctor Information

Dear Doctor,

We are very pleased to welcome you to Carroll Dental Lab. We have been serving the industry for over 50 years and feel confident that we can meet you and your patients' needs. We strive to make your experience with us personable and accurate. To help us do that, please fill out the information below and enclosed so we can make sure we meet your specific needs.

As always, please do not hesitate to pick up the phone and give us a call or email us at carrolldentallaboratory@gmail.com if you have any questions or concerns. We look forward to working with you.

-Bob Carroll, CDT

Account Name: _____

Office Address: _____

Billing Address: _____

E-Mail Address: _____

Telephone Number: _____

Contact Person in Office: (if any one person in particular)

Additional Notes:



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Doctor Preferences

Return form to Dianna Carroll at cdl-dianna@suddenlinkmail.com, by driver, by mail or fax to 252-522-4612.

Doctor's Name: _____ Practice Name: _____

Fax Number: _____ E-Mail Address: _____

Preferred Method of Contact:

Telephone: _____ E-Mail: _____

Preferences

1. Dies: Ditch in Lab Send back for doctor to ditch

2. PFM Collars: Posterior Anterior Only when requested

Shape (half-moon, full, etc.): _____

3. Proximal Contacts: Tight Firm Loose Other:

4. Occlusal Contacts: Touching 0.5 mm clearance 1.0 mm clearance Other:

5. If occlusal space is not adequate, which would you prefer that we do:

Relieve the Opposing Tooth Place a metal island

Metal Occlusal Call you for instructions

6. Preferred metal for PFMs: High Noble Noble Base/Non-precious

7. Preferred metal for Full Cast Crowns: High Noble Noble Base/Non-precious

8. Payment Preference: Pay by Check Pay with Credit Card on File (*complete form on back*)

Other Preferences: _____



CARROLL

DENTAL LABORATORY, INC.

PRE-AUTHORIZATION CREDIT CARD APPROVAL AGREEMENT

Cardholder's Name: _____

Practice Address: _____

City: _____ State: _____ ZIP: _____

Phone: () _____ Fax: () _____

Credit Card Billing Address: _____

City: _____ State: _____ ZIP: _____

Phone: () _____ Fax: () _____

E-Mail Address (*required*): _____

VISA/MasterCard/AMEX #: _____

Expiration Date: _____ CVV Code (3-digit code on back of card): _____

This Agreement is between the Cardholder (above) and **Carroll Dental Laboratory, Inc.** The Agreement shall become effective upon signature of Cardholder. I hereby certify that the information provided on the Agreement is true, correct and complete as of the date indicated below. I agree to promptly notify **Carroll Dental Laboratory, Inc.** of any changes in the information provided.

I hereby authorize **Carroll Dental Laboratory, Inc.** to charge my credit card for work completed as indicated above on the 1st of each month (or the following business day). This Pre-Authorization shall remain in effect until I notify **Carroll Dental Laboratory, Inc.** in writing of its cancellation.

Cardholder's Signature

Date

Doctor's Name: _____ Today's Date: _____

Patient's Name: _____ Due Date: _____

FIXED RESTORATIONS

Please circle desired restoration:

ALL-CERAMIC	PORCELAIN TO METAL	FULL CAST
Layered Zirconia	Single or Bridge	Single or Bridge
Full Contour Zirconia	High Noble	High Noble
Feldspathic CEREC	Noble (Semi-precious)	Noble (Semi-precious)
Lava™	Non-precious	Non-precious
IPS® e.max		
IPS® Empress		

TOOTH NUMBER(S):

SHADE:



INSTRUCTIONS:

DOCTOR'S SIGNATURE:

LICENSE #:

Doctor's Name: _____ Today's Date: _____

Patient's Name: _____ Due Date: _____

REMOVABLE RESTORATIONS

Please circle desired restoration and options:

PARTIALS	FRAMES	TEETH
Acrylic	Vitallium	Premium
Flexible	DuraCetal™	Stock

SET-UPS & TRY-INS

Frame Try-In?	YES	NO	Set-up Try-in?	YES	NO
Denture Try-In?	YES	NO	Denture Complete?	YES	NO

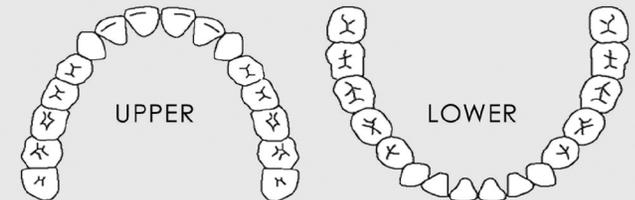
TISSUE SHADE

TOOTH SHADE

CLASPS

Light Pink		Wrought-wire
Standard (Pink)		Flexible
Meharry (Dark Pink)		VisiClear™

INSTRUCTIONS:



DOCTOR'S SIGNATURE:

LICENSE #:



110 W. King Street, PO Box 3568, Kinston, NC 28501 • 1.800.359.2455 • carrolldentallab.net

The Doctor Portal gives you (and your staff if you so choose) the ability to access your lab cases and track their progress, communicate with the lab, view current and past statements and invoices, pay your bill and even submit cases electronically.

The Carroll Dental Laboratory Doctor Portal can be found by visiting...

<https://carrolldentallab.labstar.com>

...or by visiting our website and clicking on "Log In."

Your username and password have previously been mailed to you. However, if you need your log-in credentials again, feel free to email Dianna at dianna@carrolldentallab.com, or give us a call at 1-800-359-2455.

The first time you log-in, you should change your password by clicking on your name in the upper right-hand corner of the screen where it says "USER: Dr. _____". You will then click on the "Edit" button to the right of your username. From here you can change your password, add your e-mail address (to receive e-mail notifications of any messages sent via the Portal and edit your lab preferences.

Basic instructions on how to navigate the Doctor Portal are included. If you should have any questions, please call us at 1.800.359.2455.

Example of Doctor Portal Home Screen:



Doctor Portal How-To

Requesting an Additional Log-in: If you would like other members of your staff to have access to log-in to your portal, you can request new users. To request a new user, from the doctor portal dashboard, click on "User Management" in the lower left-hand area of the screen. Then click on "Request New User". You will then be asked to fill out some information about that person and then click "Create." This will submit the request to the lab, where we can approve and follow up with a username and password for this individual.

Requesting a Pick-up: Requesting a pick-up is very easy in the doctor portal! From the dashboard, simply click on "Case Pickup" in the lower left-hand corner. A box will pop-up asking you how many cases you have to be picked up. You can use the + or – buttons to select the appropriate number, or simply type the number into the box, then hit the green "OK" button to send the request to the lab.

Entering a Case: The Doctor Portal gives you, or your staff, access to enter your cases into the portal. Once the case is entered, a work ticket is generated that can then be printed and signed and sent to the lab with any other materials. This is especially beneficial when submitting all digital cases, when there are no physical materials to send to the lab. A digital impression file and/or photos can be attached to the case upon entry in the Doctor Portal and that will be sent to the lab. For more details on case entry, there is a detailed case entry "how-to" video available from the Doctor Portal – simply log in and click the question mark in the upper right-hand corner.

Checking on a Case: After logging in to the doctor portal, the Case Activity calendar shows you when your cases are due back to you. Below the calendar, a section labeled "Cases Arriving Today" shows you which cases will be coming to you that day. If your cases are mailed to you, a tracking number will also be provided in this section so you can track the location of the shipment. You can also find a certain case by using the search bar in the upper left-hand corner to search by the patient's name.

Paying an Invoice or Statement: All of your invoices and statements can be viewed in the doctor portal by going to the "Accounting" button. It is also very easy to submit a payment in the Doctor Portal. Simply click on the "Accounting" button and choose "Payments". All of your past payments will be shown here. To make a new payment, click the green button that says "New Payment" in the upper right-hand corner. Here, you can add a credit card by clicking "Add" and completing the requested information. You can then select which invoices you would like to pay by clicking the checkbox next to each one. You can also pay your entire statement at once by clicking on the "Statements" tab, within the "New Payment" pop-up box, and selecting the checkbox next to the statement you'd like to pay. Then you simply click "Create" to submit your payment.

Editing Lab Preferences: You can edit your lab preferences by clicking on your name in the upper right-hand corner where it says "USER: Dr. ____". From there you will click on "Edit" beside "Doctor Preferences" near the right side of the screen. Preferences can also be adjusted for each case upon case entry. For further information on case entry, please refer to the "how-to" video available from the Doctor Portal – simply click the question mark in the upper right-hand corner.



CARROLL DENTAL LABORATORY, INC.

TERMS & POLICIES

Revised 10/29/2015

By signing or sending a prescription slip to Carroll Dental Laboratory, Inc., you are agreeing to abide by all the following terms and policies. Carroll Dental Laboratory is not liable for incidental or consequential damages, including inconvenience, lost wages, chair time or pain and suffering.

Warranty

Carroll Dental Laboratory's warranty covers crown/bridge work for a maximum of 2 years and partial/denture work for a maximum of 6 months. Warranty coverage begins from the day that a case is delivered to the client's office. Partial/Denture repairs are not covered under this warranty.

Carroll Dental Laboratory's 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 Carroll Dental Laboratory, Inc.

What is Covered by Carroll Dental Laboratory's Warranty?

1. Repair or replacement of appliance.

Conditions of Warranty

1. Prosthesis must be inserted by a licensed, practicing dentist.
2. Patient must adhere to semi-annual dental maintenance (cleaning & exam) program, in the office of a licensed, practicing dentist.
3. Dental prosthetic must be returned with model work in order for credit to be issued.

What is Not Covered by Carroll Dental Laboratory's Warranty?

1. Cash refund for prosthesis (please do not request).
2. Cost incurred for removal or insertion.

3. Repairs resulting from accidents, neglect, abuse, failure of supportive tissue structures, improper adjustments or improper dental hygiene.
4. Incidental or consequential damage, including inconvenience, lost wages, chair time or pain and suffering.
5. Carroll Dental Laboratory is not liable for any fixed or removable prosthetic that has not been appropriately fitted prior to process.
6. Repairs, relines, implants, immediate dentures, immediate partials and appliances partially fabricated or completely fabricated by another lab other than Carroll Dental Laboratory, Inc.

PAYMENT POLICY

- **Payment Terms:** The total statement amount is due by the 10th of the following month. If a statement is not paid by the close of the following month, a finance charge may be applied to the overdue balance. Carroll Dental Lab reserves the right to decline services to clients who have a history of non-payment or slow payment. Carroll Dental Lab also reserves the right to require to have a credit card on file before completing laboratory work to ensure prompt payment.
- **Service Charge:** A service charge of 1.5% will be added to any account that is not paid in full at the close of the next billing cycle.
- **Returned Checks:** A service charge of \$35.00 will be charged on all returned checks.
- **COD Policy:** Account balances that reach 30+ days or more overdue for more than three consecutive months will automatically be placed on COD (unless payment arrangements have been worked out with Dianna Carroll, the accounting administrator, in advance). The office will receive advanced notice before COD begins and will be given the chance to bring the account current to prevent COD.
 - *Note: All COD cases must be paid for within the month they are invoiced.*

ADDITIONAL TERMS

Carroll Dental Laboratory, Inc. gladly accepts VISA, Mastercard and American Express. Recurring monthly credit card billing is available for your convenience. Please contact the laboratory for a credit card authorization form, or visit our website and go to the Doctor Resources > Downloads page.

All out-of-state accounts are processed via credit card (VISA, MasterCard or American Express) at time of shipment, or are shipped COD via UPS.

All disputes shall be governed by North Carolina law with venue in Lenoir County, with the prevailing party to recover all fees and expenses associated with the case(s).