

Dr. Name _____

DATE SENT / /

Dr. Phone # _____

DATE DUE / /

Address/Email _____

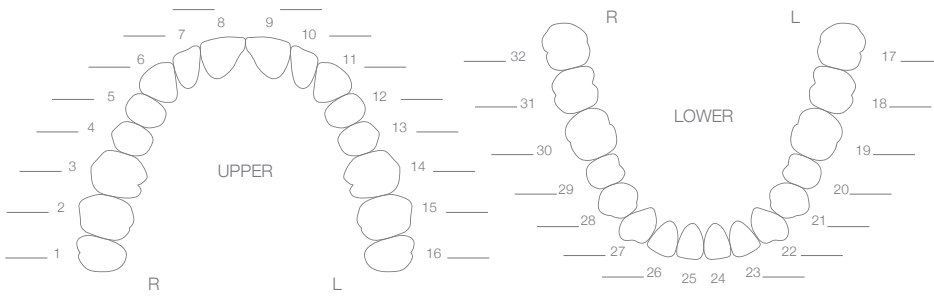
Enclosed with case

- Impressions Stick Bite Face Bow Bite Rim Verification Jig
 Temporary Denture CD/Photos Study Model Opposing Model Pre-op Model
 Barium Stent Stereolithography Others _____

Implant Type

- ▶ Lab Analog: Enclosed / Please order
 ▶ Abutment: Enclosed / Please order
 ▶ Impression Coping: Enclosed / Please order
 ▶ Burn Out Copings (plastic): Enclosed / Please order

Indicate implant diameter below



Abutment Type

Cement-Retained Abutment

- Titanium Abutment (CAD/CAM)
 All-Zirconia Abutment (CAD/CAM)
 UCLA w/metal - white color
 UCLA w/metal - yellow color

Screw-Retained Restorations

- UCLA
 Zirconia (CAD/CAM)

Temporary Crown

- w/Titanium Abutment w/Temp (plastic short-term) Abutment w/Zirconia Abutment

Restoration Type

PFM

- Base Metal Noble Metal
 Hi-Noble Metal Yellow-Noble Metal

Yellow Full Gold

Metal Free

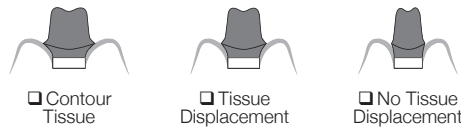
- Monet Pure Zirconia™ OccluZir™
 Kosmic Pressed Ceramic e.max®
 Lava™

Margins

Subgingival Tissue Level

- Facial _____mm
 Distal _____mm
 Mesial _____mm
 Lingual _____mm

Abutment Emergence Profile



CAD/CAM Fixed Bar

Hybrid Bar

- All on 4™
 All on _____™
 3i™
 Straumann®
 Other _____

Bar Design Check List

- Touching tissue
 Specify above tissue in _____mm
 As close as possible (following tissue)

Hybrid Screw-Retained Bridge

- Titanium Frame w/PFM Restoration
 Titanium Frame w/Zirconia Restoration
 Zirconia Frame w/Zirconia Restoration (one piece)

LAB USE ONLY

Called Dr. / /

Dr. called / /

CAD/CAM Detachable Bar

- Hader Bar
 Dolder® Bar
 Other _____

Hybrid Bar w/Attachments

- Locators
 Ball Attachment
 Other _____

Rx CASE INSTRUCTIONS:

Signature of Dentist _____

Date _____

Dentist License # _____

*(Personal signature of doctor in compliance with the Illinois Practice Act)
 Dentist agrees to company policy as stated on reverse.*

LAB USE ONLY

PAN NUMBER _____ CASE NUMBER _____ RECEIVED BY _____

Full	Quadrant	Triple	Opposing Model	Study Model	Diagnostic Wax Model	Bite	Stick Bite	Face Bow	Dr's Articulator	Metal Articulator	Articulator Box		
Pick-up Impression with Crown in	Original Pinned Model	2nd Solid Model	Old Impression	Crown/Bridge	Impression Coping	Lab Analog	Plastic Burnout Coping	Abutment	Implant Screw	Wax Post Core	Partial	Denture	
X-ray	Photo	Memory Card	Cd										

IN LAB WORKING TIMES

Times shown do not include transit time, the day case is received or shipped, Saturdays, Sundays, or Holidays.

Implant Integrated Package14 lab working days
 Custom Abutment Only.....12 lab working days
 Pre-Surgical Case Planning.....7 lab working days
 Removable Prosthetics14 lab working days
 ERA Bar Overdenture.....14 lab working days
 Other Implant Services.....14 lab working days

Hybrid Overdentures

For 1st patient visit:
 Bite Block/Verification Zig7 lab working days
 (Including part orders)

For 2nd patient visit:
 Tooth Set-up.....7 lab working days

For 3rd patient visit:
 Bar Set-up12 lab working days

For 4th patient visit:
 Final check-up.....10 lab working days

RUSH CASES MUST BE PRE-SCHEDULED

TO PRE-SCHEDULE RUSH CASES, CALL

1-888-405-1238

AGREEMENT

These Terms and Conditions are made effective by the customer set forth on the reverse hereof ("Dentist") submitting this form ("Agreement") to LSK121 Oral Prosthetics, an Illinois Corporation ("LSK121"). The ("Dentist") agrees to a contract for the sale and delivery of the specially fabricated goods mentioned herein ("Goods").

1. Dentist agrees to pay in full the stated price of Goods within 30 days after the date of the statement. All balances remaining past such date will incur a 2% late service charge. Accounts not paid within the stated terms will be subject to C.O.D. status.
2. Any and all attachments, including but not limited to prescriptions, modifications, diagrams, photographs, models or instructions of any sort, will be incorporated into this Agreement, unless LSK121 objects. Should the Dentist cancel any order submitted before shipment, the Dentist shall pay for any loss or damage to LSK121.
3. Dentist must completely clean all blood and saliva from all materials used in the mouth, and must disinfect all of these items before sending them to LSK121 and again when returned from LSK121 before placement in patient's mouth.
4. The Dentist has the right to inspect Goods prior to acceptance. If Goods are not returned to LSK121 within 10 business days, this will mean acceptance of Goods. Other forms of acceptance shall include, but not limited to, cementing of Goods in the mouth, requesting shade changes, or modification of preparations, bites or designs.
5. Should the Dentist request remake of Goods, Dentist agrees to resubmit all original Goods including but not limited to original impressions, models and restorations to LSK121. LSK121 must have original Goods to evaluate possible restoration replacement or repair cost to Dentist and to determine if original Goods is repairable or requires remake of Goods.
6. Should Dentist return nonconforming Goods and such nonconformance is the fault of the Dentist, Dentist must give LSK121 the opportunity to provide conforming Goods within a reasonable time and bear the burden of all related costs, including but not limited to the costs of Goods and shipment. Should Dentist return nonconforming Goods and such nonconformance is the fault of LSK121, Dentist must give LSK121 the opportunity to provide conforming Goods within a reasonable time at the original stated price. Should Dentist return nonconforming Goods and the nonconformance is the fault of both Dentist and LSK121 or fault is difficult to determine, Dentist must give LSK121 the opportunity to provide conforming Goods within a reasonable time and the costs of remaking or replacing Goods and all related shipment expenses are to be divided in proportion and LSK121 shall determine allocation. LSK121 shall also determine whether Goods conforms.
7. Should LSK121 fail to provide conforming Goods in a reasonable time, Dentist's options are limited to the return of the goods and repayment of the stated price or to repair and replace of nonconforming Goods by LSK121.
8. The parties to this Agreement shall be governed by and be construed in accordance with the laws of the United States and the State of Illinois without giving effect to the conflicts of laws provisions thereof. The parties further agree that any and all actions that may arise under this Agreement shall lie exclusively in the Courts of the United States of the State of Illinois located in the County of DuPage, State of Illinois.
9. If any terms of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, then this Agreement, including all of the remaining terms, will remain in full force and effect as if such invalid or unenforceable term had never been included.
10. The Dentist agrees to pay all legal and collection costs in the event of suit, including reasonable attorney fees.
11. Certification: I, the prescribing clinician, certify that the analog positions on the cast and the wax try-in have been verified for accuracy and that the stated information is correct. In addition, all items that have been in contact with the oral environment have been disinfected. This form authorizes LSK121 Oral Prosthetics to fabricate the CAM precision milled bar using and consistent with the information provided on this work order. I have reviewed the applicable procedure and laboratory policy form regarding this product.