



# Kaleidoscope Wax-Up™

940 East Diehl Rd.  
Naperville, IL 60563

1-888-405-1238  
Fax 630-955-2020  
www.LSK121.com

DOCTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-mail \_\_\_\_\_

PATIENT \_\_\_\_\_

DATE SENT / /

DATE DUE / /

By 12:00 PM / By 5:00 PM

### LAB USE ONLY

Called Dr. / /

Dr. called / /

TEETH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
NUMBERS	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

WAX-UP FOR (Type of Restoration)	Veneer # _____	Crown # _____	Bridge # _____	Implant # _____
	Onlay/Inlay # _____	Edentulous # _____	Partial/Denture # _____	

WAX-UP ON  Pre-op Model  
 Duplicate Model of Pre-op Model

PINK WAX  YES  NO

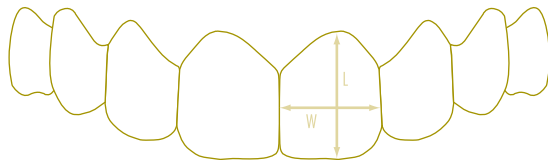
ADDITIONAL REQUEST  Lab Prep Guide Model  Putty Matrix from Wax-Up  Duplicate Model from Wax-Up  
 Clear Stent from Wax-Up (for prep guide and temporary)  Long Term Provisionals

PONTIC DESIGN

GOALS of the Final Case:  Esthetic Wax-up  Bite Correction  Implant Wax-up  
 Change Incisal Edge Position  Tooth Shape  Tooth Shade  Gingival Levels  Alter Midline  Other \_\_\_\_\_

**Tooth Shape:** \*Please note Smile Selection source. LSK121 Smile Guide- LSK  /or other \_\_\_\_\_

### Tooth Width/Length



#6	#7	#8	#9	#10	#11
W _____ mm	W _____ mm	W _____ mm	W _____ mm	W _____ mm	W _____ mm
L _____ mm	L _____ mm	L _____ mm	L _____ mm	L _____ mm	L _____ mm

### Gingival Tissue Levels

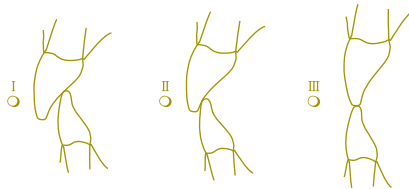
Acceptable  Alteration Planned:

tooth # \_\_\_\_\_ raise/lower \_\_\_\_\_ mm      tooth # \_\_\_\_\_ raise/lower \_\_\_\_\_ mm

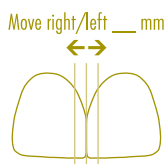
tooth # \_\_\_\_\_ raise/lower \_\_\_\_\_ mm      tooth # \_\_\_\_\_ raise/lower \_\_\_\_\_ mm

Surgical Stent after Crown Lengthening

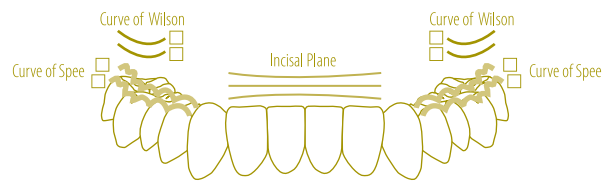
### Incisal Edge Position



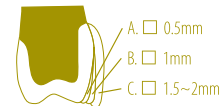
### Midline (from patient side)



### Curve of Spee/Wilson



### Premolar Buccal Corridor



### Mounting with Bite Correction CR CO

Denar  Panadent  Artex  Sams  
 Kavo  Hanau  Whipmix  Stratos  other \_\_\_\_\_

### Occlusal Vertical Dimension Same Open \_\_\_\_\_ mm

### Implant Wax-Up Surgical Stent

with Gutta Percha  Barium  No Marking Material

### Facial Aspect Convex Flat Concave

### Black Triangle Acceptable for contour: Yes No

### ITEMS INCLUDED WITH THE CASE

Study Model \_\_\_\_\_ pcs.  
 Opposing Model \_\_\_\_\_ pcs.  
 Impression for the Model  
 Articulator \_\_\_\_\_  
 Facebow  Other \_\_\_\_\_

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Signature of Dentist \_\_\_\_\_

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 \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ 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 Imp. w/ Crown In	Original Pinned Model	2nd Solid Model	Old Impression	Crown/Bridge	Imp. Coping	Imp. Coping Screw	Lab Analog	Plastic Burnout Coping	Abutment	Implant Screw	Soft Tissue	Wax Post Core	Post Core
Denture	Partial	Denture Teeth	X-ray	Photo	Memory Card	CD		Jig	Wax Rim	Titanium Bar	Locators		

**IN LAB WORKING TIMES**

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

**RESTORATIONS                      WORKING DAYS**

KALEIDOSCOPE WAX-UP .....	6
VENEERS .....	8
PRESSED .....	8
ZIRCONIA.....	8
PORCELAIN FUSED TO METAL .....	7
CERAMIC COMPOSITE .....	6
ALL METAL .....	8
IMPLANTS.....	14

**RUSH CASES MUST BE PRE-SCHEDULED**

3 DAYS.....	additional charge
2 DAYS.....	additional charge
1 DAY .....	call for fee

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").

- 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.
- 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.
- 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.
- 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 are not limited to, cementing of Goods in the mouth, requesting shade changes or modification of preparations, bites or designs. There will be absolutely no returns or refunds after 30 days from the date of receipt of finished Goods by the Dentist.
- Should the Dentist request a 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, the cost to Dentist, and to determine if original Goods are repairable or require remake of Goods. If any portion of the Goods, including materials, is not returned to LSK121, the full stated price of Goods will be due to LSK121.
- 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 expenses and shipping costs are to be divided in proportion. LSK121 shall determine allocation. LSK121 shall also determine whether Goods conform.
- 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 replacement of nonconforming Goods by LSK121.
- If Dentist chooses to use his/her own Rx (prescription) form, or the form of another lab or organization, the terms set forth in this official LSK121 Rx will govern the contract for all products and specially fabricated Goods.
- The parties to this Agreement shall be governed by and the Agreement shall 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 in the State of Illinois located in the County of DuPage, State of Illinois.
- If any terms of this Agreement are 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 terms had never been included.
- The Dentist agrees to pay all late service charges, legal and collection costs in the event of non-payment or suit, including reasonable attorney fees.