



940 East Diehl Rd. • Naperville, IL 60563
1-888-405-1238 • Fax 630-955-2020
 www.LSK121.com
 www.LSK121resources.com

DOCTOR _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

E-mail _____

PATIENT _____ SEX M / F AGE

DATE SENT / /

DATE DUE / /

PHONE _____ **By 5:00 PM**

LAB USE ONLY	
Called Dr.	/ /
Dr. called	/ /

All Ceramics

- Feldspathic
- Pressed
- e.max
- Zirconia
- Ceramic Composite
- Other brand _____

Porcelain To Metal

- Non Precious (Base)
- Semi Precious (Noble)
- White Precious (High Noble)
- Yellow Precious
- Captek

Implant

- Crown & Bridge**
- Cement-retained
 - Screw-retained
- Abutment**
- Titanium Milled Abutment
 - Zirconia Milled Abutment
 - UCLA w/porcelain Abutment

Full-cast / Inlay & Onlay

- White Non Precious
- White Precious
- Yellow Precious
- Ceramic Composite

Treatment Plan Wax-up

- Wax-up ___ with pink wax
- Putty matrix guide
- Duplicate model from wax-up
- Lab prep guide model
- Stent (for prep guide and temporary)
- _____ articulation

Rx CASE INSTRUCTIONS:

- RETURN FOR**
- Die Trim Metal Try-In
 - Bisque Try-In Finish

DR'S SIGNATURE _____ LICENSE# _____
 (Personal signature of doctor in compliance with the Illinois Practice Act) Dentist agrees to company policy as stated on reverse

Chair Side Shade Selection Guide™ / Simple Enamel and Prep Color Guide

1. Enamel amount: 30% 50% 70%

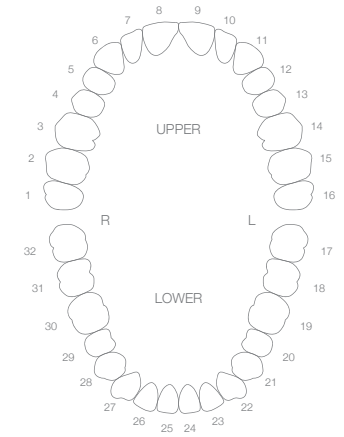
Posterior

Anterior

2. Stump(prepare) color: **APC-** _____ 3. **FINAL SHADE:**

4. Prescribe following if you see any of these characteristics.

DEC-	TRE-	BU-	OE-	
OS-	HL-	PO-	PE-	
CE-	AIS-	AE-	AT-	
AH-	AS-	MA-	TE-	
			AC-	



PLEASE SEND

- Rx Forms
- Mailing Labels
- Mailing Boxes
- _____

SHADE

- Stump Shade**
- Photos attached
- Final Shade**
- e-mail to photo@lsk121.com
 - Custom Shades
 - Call lab to schedule appointment.

MARGIN DESIGN

- No metal showing
- Porcelain butt
- Lingual metal band
- 360° metal band
- Extra thin

RIDGE RELIEF

- None
- Light
- Medium
- Heavy

PONTIC DESIGN



IF NO OCCLUSAL CLEARANCE

- Metal occlusion
- Metal island
- Reduce opposing
- Call doctor

LAB USE ONLY

PAN NUMBER _____ CASE NUMBER _____ RECEIVED BY _____

Full	Quadrant	Triple	Opposing Model	Study Model	Working Model	Bite	Denar Articulator	Study Model	X-ray	Photo	Memory Card	Cd	Partial
Original Pinned	Original Study	Original Impression	Crown	Impression Coping	Lab Analog	Abutment	Solid Wax	Post Core	Face Bow	Metal Articulator	Articulator Box	Implant Screw	

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

VENEERS	7
PRESSED	10
ZIRCONIA.....	10
PORCELAIN FUSED TO METAL	10
CERAMIC COMPOSITE	7
ALL METAL	7
IMPLANTS.....	12

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").

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.