



Crown & Bridge Rx

DATE SENT	/	/
DATE DUE	/	/

DOCTOR _____

ADDRESS _____

PHONE _____ E-mail _____

PATIENT _____ SEX M / F AGE _____

940 E. Diehl Rd., Naperville, IL 60563
 888-405-1238 • Fax 630-955-2020

www.LSK121.com

ALL CERAMICS

e.max

Posterior

- Monolithic e.max
- IPS e.max Layered

Anterior

- Kosmic Press Layered

Zirconia

Posterior

- OccluZir(full contoured)
- Zirconia Layered
- Natural Posterior

Anterior

- Monet Pure Zirconia Layered

(only the facial and occlusal surfaces are cut back and layered with porcelain)

Veneers

- Hollywood Veneers
- No/Minimal Prep Veneers
- Feldspathic Pressed

Ceramic Composite GC Gradia Fiber Reinforced

PFM's

- Non Precious (Base)
- Semi Precious (Noble)
- White Precious (High Noble)
- Yellow Precious
- Titan (using Titanium alloy, ADA code: D2794)

Marginal Design: No metal showing Porcelain butt
 Lingual metal band 360° metal band Extra thin

Eco3 - Non Precious Semi Precious White Precious
(180° Porcelain Butt Margin and up to 1 dwt alloy included)

FULL-CAST RESTORATIONS

- 75% Yellow Gold Noble
- 50% Yellow Gold Noble
- Noble Silver Metal
- Non Precious Silver Metal

RESILIENT LONG-TERM PROVISIONAL

- Individual units
- Cement-on Implant
- Screw-retained Implant
- Splinted

Abutment #s _____

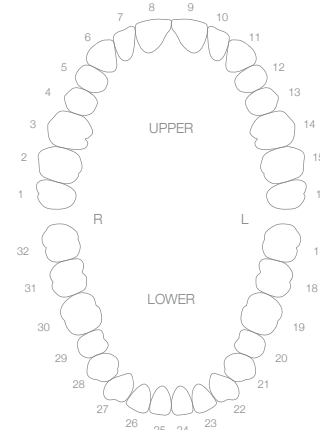
Pontic #(s) _____ Total units _____

Reinforcement: None Wire Fiber Metal

Amount of prep reduction: 1 mm 2 mm



CASE INSTRUCTIONS:



PLEASE SEND

- C&B Rx
- LSKselect Rx
- Mailing Labels
- Case Boxes
- Bio Bags

RIDGE RELIEF

- None Light
- Medium Heavy

PONTIC DESIGN



IF NO OCCLUSAL CLEARANCE

- Metal occlusion
- Metal island
- Reduce opposing
- Reduction coping
- Call doctor
- _____

OCCLUSAL CONTACT

- Cusp to fossa
- Light open Open

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 policies as stated on reverse.

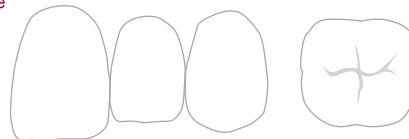
Color Communication

- Chairside Shade Guide™
- Other Shade System:

Final Shade

Stump Shade

- Photos attached
- e-mail to: photo@LSK121.com
- Custom Shade - Call to schedule.



LAB USE ONLY

PAN NUMBER _____ DATE RECEIVED _____ RECEIVED BY _____

Full	Quadrant	Triple	Opposing Model	Study Model	Working 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, 3rd 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	Wax Rim	X-ray	Photo	Memory Card	CD	Shade Tab	ERA Attachment	Jig	Locators		

IN LAB WORKING TIMES

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

RESTORATIONS

Monolithic e.max.....	5
e.max Layered.....	6
OccluZir.....	5
Natural Posterior.....	6
Zirconia Layered.....	6
Veneers.....	6
Ceramic Composites.....	5
PFMs.....	6
Full-Cast Restorations.....	6
Provisionals.....	5

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 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.
5. 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.
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 expenses and shipping costs are to be divided in proportion. LSK121 shall determine allocation. LSK121 shall also determine whether Goods conform.
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 replacement of nonconforming Goods by LSK121.
8. 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.
9. 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.
10. 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.
11. 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.