



DATE SENT / /

DATE DUE / /

Dr. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

940 E. Diehl Rd., Naperville, IL 60563

Patient Name \_\_\_\_\_ Sex M / F AGE \_\_\_\_\_

**PRELIMINARY PLANNING**

**DIGITAL IMPRESSION**  
STL File sent via:  
 Itero  3Shape  Cerec  3M  Other \_\_\_\_\_  
DICOM File sent via:  
 LSK121.com  CD/DVD

**DIGITAL SURGICAL GUIDE**  
 Must provide design for guide in .stl format

**KALEIDOSCOPE WAX-UP™**  
 Esthetic Wax-up  Bite Correction  Implant Wax-up

**Additional Request**  
 Mock-up  Duplication  Prep Guide Model  
 Stent for Temporary  Putty Matrix Guide from Wax-up  
 Mount w/Bite Correction \_\_\_CR\_\_\_CO  
 \_\_\_\_\_Articulation  Pink Wax

**PROVISIONALS**  
 DigiTemp™ (digitally designed & 3D printed)  
 Resilient Long-Term Temp (milled or hand crafted acrylic)  
 Individual Units  Bridge  Cement over Implant  
 Screw-retained Implant  Splinted  
Abutment #s \_\_\_\_\_  
Pontic #(s) \_\_\_\_\_ Total units \_\_\_\_\_  
Reinforcement:  None  Wire  Fiber  Metal  
Amount of prep reduction:  1mm  1.5mm  2mm  
 Flipper  Acrylic Partial  Essex® Retainer  
 LSK Deluxe or  Immediate Denture

**COMBINATIONS**

**COSMETIC ALL CERAMIC with NIGHT GUARD**  
All Ceramic ( GC Initial™ LiSi Press: High Strength Lithium Disilicate,  
 Monet Pure Zirconia: Porcelain Layered on Zirconia Frame)  
+ Night Guard ( hard,  hard/soft acrylic)

**FULL-ARCH with NIGHT GUARD**  
Full-Arch ( Syton™ 1000,  Syton™ 2000,  Syton™ 3000,  
 Syton™ 4000,  Syton™ 5000,  Syton™ 6000)  
+ Night Guard ( hard,  hard/soft acrylic)

**ZIRCONIA and LiSi PRESS**  
Zirconia ( Zen 700: High Translucency/Low Opacity,  Zen 900:  
Medium Translucency/Medium Opacity,  Zen 1200: Low Translucency/  
High Opacity,  Natural Posterior: Zirconia Occlusion,  Monet Pure  
Zirconia: Porcelain Layered on Zirconia Frame)  
+ GC Initial™ LiSi Press ( Monolithic,  Layered)

**FIXED with REMOVABLE**  
Fixed: \_\_\_\_\_ + Removable: \_\_\_\_\_

**FIXED RESTORATIONS**

**REHAB / ALL CERAMIC**  
Need:  Facebow,  Stick Bite,  Centric Bite  
Smile Selection: 2nd Ed. Chairside Shade Guide LSK-\_\_\_\_\_  
Material \_\_\_\_\_

**ALL CERAMICS**  
 GC Initial™ LiSi Press ( Monolithic /  Layered)  
 Zen 700 (High Translucency/Low Opacity)  
 Zen 900 (Medium Translucency/Medium Opacity)  
 Zen 1200 (Low Translucency/High Opacity)  
 Natural Posterior (Zirconia Occlusion)  
 Monet Pure Zirconia (Porcelain Layered on Zirconia Frame)

**VENEERS**  
 Feldspathic  Pressed  No/Minimal Prep Veneers

**CERAMIC COMPOSITES**  
 GC Gradia®  Fiber Reinforced

**PFMs**  
 Non Precious (Base)  Semi Precious (Noble)  
 White Precious (High Noble)  Yellow Precious

**FULL-CAST RESTORATIONS**  
 75% High Noble Yellow Gold  50% Noble Yellow Gold  
 Noble Silver Metal  Non Precious Silver Metal

**IMPLANT PROSTHESES**

**Full-Arch Zirconia Copy Mill**  
Please send verified and approved  
 Wax try-in or  PMMA for Scan and Copy Mill.

**Syton™ 1000** (2-3 implants)  
 Attachment-Retained Overdenture  
Brand of Implant \_\_\_\_\_  
Platform Size: \_\_\_\_\_

**Syton™ 2000** (w/bar & mesh)  
 Attachment Bar Overdenture  Locator®  Hader  
 Reinforcement using  Steel mesh  Fiber mesh  
Brand of Implant \_\_\_\_\_  
Platform Size: \_\_\_\_\_

**Syton™ 3000** (over 4 implants, screw-retained acrylic hybrid)  
Brand of Implant \_\_\_\_\_  
Platform Size: \_\_\_\_\_

**Syton™ 4000** (zirconia implant prosthesis)  
 Full Monolithic  Monolithic with Facial Cutback Layered Anterior  
Brand of Implant \_\_\_\_\_  
Platform Size: \_\_\_\_\_

**Syton™ 5000** (attachment-retained zirconia)  
Brand of Implant \_\_\_\_\_  
Platform Size: \_\_\_\_\_

**Syton™ 6000** (titanium framework & zirconia restorations)  
Brand of Implant \_\_\_\_\_  
Platform Size: \_\_\_\_\_

**Pekktor®/Juvora™** (high performance polymer)  
Brand of Implant \_\_\_\_\_  
Platform Size: \_\_\_\_\_

**IMPLANT INTEGRATED PACKAGES™**  
Screw-Retained \_\_\_\_\_ Implant  
Cement-Retained \_\_\_\_\_ Implant

Zen 1200 Crown /  Ti Base or /  Ti,  Zr Abutment  
 Monet Pure Zirconia Crown /  Ti Base or /  Ti,  Zr Abutment  
 LiSi Monolithic Press Crown /  Ti Base or /  Ti,  Zr Abutment  
 LiSi Press Layered /  Zr Abutment  
 PFM Crown /  Ti Base  Porcelain Fused to Titanium Crown /  Ti Base

**REMOVABLES**

**PRELIMINARIES**  
 Bite Block  Custom Tray

**PARTIALS**  
 Cast Metal  Titanium  TCS® Flexible Partial  Acrylic  
 DurAcetal®  Digital Partial \_\_\_\_\_

**DENTURES**  
 Signature Package  
(Includes: custom tray, bite block, high quality acrylic, premium teeth, tissue characterization, name id, articulation, set up, wax up process, finish and polishing)  
 LSK Deluxe Denture or  Immediate Denture  
(Includes: high quality acrylic, premium teeth, name id, articulation, set-up, wax-up process, finish, and polishing)

**NIGHT GUARDS/SPLINTS**  
Choose Arch:  Upper  Lower  
Choose Design:  Anterior Guidance  Flat Plane  Canine Rise  
 Occlu-Protect (Clear hard acrylic)  
 Occlu-Ease (Clear hard/soft acrylic)  
 Occlu-Ever (Clear thermoplastic resin)  
 Occlu-Flex (Biocryl)  
 Occlu-Balance (Clear hard acrylic)  
 Surgical Clear Stent (Biocryl)  
 DigiRetainer™  
More details on LSK121 Splint/Night Guard Rx

**RELINE/REPAIR FULL DENTURES or PARTIALS**  
 Reline  Repair  Rebase  Add Metal Reinforcement

**PLEASE SEND**  
 LSK121 GALAXY Rx  
 \_\_\_\_\_ Rx  
 Mailing Labels  
 Case Boxes  
 Bio Bags

**OCCLUSAL CONTACT**  
 Cusp to Fossa  
 Light Open  Open

**IF NO OCCLUSAL CLEARANCE**  
 Metal Occlusion  
 Metal Island  
 Reduce Opposing  
 Reduction Coping  
 Call Doctor  
 \_\_\_\_\_

**RIDGE RELIEF**  
 None  Light  
 Medium  Heavy

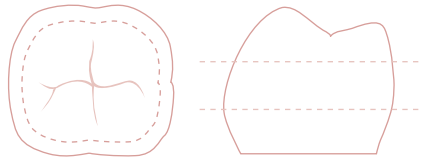
**PONTIC DESIGN**

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

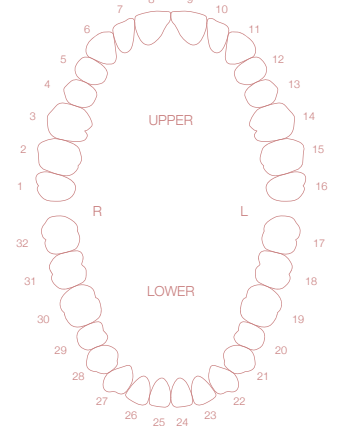
**Color Communication**  Chairside Shade Guide™  
 Other Shade System:

Final Shade \_\_\_\_\_ Stump Shade \_\_\_\_\_

Photos attached  e-mail to: [photo@LSK121.com](mailto:photo@LSK121.com)  
 Custom Shade - Call to schedule.



**Rx** CASE INSTRUCTIONS:



**LAB USE ONLY**

PAN NUMBER _____		CASE NUMBER _____			RECEIVED BY _____		
Full	Quadrant	Triple	Opposing Model	Study Model	Working Model	Wax-Up Model	Bite
Stick Bite	Face Bow	Dr's Articulator	Articulator Box	Metal Articulator	X-ray	Photo	Memory Card
CD	Shade Tab	Original Pinned	Original Study	Original Impression	Crown	Post Core	Metal Framework
Soft Tissue	Impression Coping	Impression Coping Screw	Lab Analog	Abutment	Implant Screw	GC Index	Verification Jig
Bite Block	Partial	Denture	Wax Set Up	Stent/Night Guard	Attachment Parts	Coupon	

**IN LAB WORKING TIMES**

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

**RESTORATIONS**

Implant Integrated Package .....	7 lab working days
Custom Abutment Only .....	4 lab working days
Pre-Surgical Case Planning .....	7 lab working days
Removable Prosthetics / ERA Bar Overdenture .....	14 lab working days
Other Implant Services .....	10 lab working days
Zen (up to 4 units) .....	5 lab working days
Natural Posterior (up to 4 units) .....	5 lab working days
Monet Pure Zirconia (up to 4 units) .....	6 lab working days
LiSi Monolithic Press (up to 4 units) .....	5 lab working days
LiSi Press Layered (up to 4 units) .....	6 lab working days
Veneers .....	6 lab working days
Ceramic Composites (up to 4 units) .....	5 lab working days
PFMs (up to 4 units) .....	6 lab working days
Full-Cast Restorations (up to 4 units) .....	6 lab working days
Cases with 5 units or more .....	8 lab working days
Extra Single Anterior/ Signature Services .....	schedule in advance available
Custom Shade in Lab (up to 4 units) .....	schedule appointment
Post & Core Only .....	4 lab working days
Treatment Plan Wax-Up (up to 4 units) .....	5 lab working days
Provisional Services .....	5 lab working days
Mouth Guards .....	4 lab working days
Night Guards / Splints .....	4 lab working days
Custom tray / Bite Rims .....	3 lab working days
Set-up for try-in .....	6 lab working days
Re-set for try-in using same teeth .....	4 lab working days
Re-set for try-in needing new teeth .....	6 lab working days
Finish full denture from wax try-in stage (no changes) .....	6 lab working days
Finish full denture with changes or as an immediate from wax try-in stage .....	8 lab working days
Finish partial denture from wax try-in stage (no changes) .....	6 lab working days
Finish Partial Denture from wax try-in stage with changes needed .....	8 lab working days
Hard Bite Splints or Implant Stents .....	5 lab working days
Partial Framework (metal work only) .....	12 lab working days
Re-base (full denture) / Softliner .....	4 lab working days
Digital Implant Model .....	3 lab working days
Digital Surgical Guide .....	6 lab working days
Digital Screw Retained or Cement Retained Long Term Provisional .....	6 lab working days
Digital Screw Retained or Cement Retained Full Arch PMMA .....	8 lab working days
Digital Quadrant Model/Digital Jaw Model .....	3 lab working days
DigiRetainer .....	6 lab working days
Rush, Complex or Combination Cases .....	schedule in advance available

**WORKING DAYS**

**RUSH CASES MUST BE PRE-SCHEDULED**

3 DAYS/2 DAYS/1 DAY .....additional charge | 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 per month. Accounts not paid within the stated terms or accounts above their credit limit will be subject to C.O.D. status. Keep in mind, larger cases are billed in stages and payment is generally due before case is completed. This is based on billing/statement date and there will be no exceptions.
- 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. Within the 10 day acceptance period cases will be remade at no charge unless prior warning was given. After the acceptance period the case will need to be evaluated and charges may apply to remakes/adjustments. There will be absolutely no returns or refunds.
- 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 for any reason, Dentist must give LSK121 the opportunity to provide conforming Goods within a reasonable timeframe.
- 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.
- Compliance with the Illinois Dental Practice Act: Sec. 5b of the Illinois Dental Practice Act requires a licensed dentist who employs or engages services of a person, firm, or corporation to construct or repair prosthetic appliance, to furnish a written work order on a form approved by the Illinois Department of Registration and Education which shall contain: (1) name and address of person, firm or corporation to which work order is directed, (2) patient's name or identification number, and if number is used, patient's name must be written upon duplicate copy retained by dentist, (3) date on which work was written, (4) description of work to be done, including diagrams if necessary, (5) specification of type and quality of materials to be used, (6) signature of dentist and number of his license.

Dentist and laboratory must retain their respective copies of work orders for three (3) years for inspection at any reasonable time by The Department of Registration and Education or its duly authorized agents.

Failure of dentist to comply in any given case is a misdemeanor, and license may be revoked or suspended. Failure of laboratory to comply is a misdemeanor.

Sec. 5b(3) of the Illinois Dental Practice Act provides: "If the person, firm or corporation receiving a written order from a licensed dentist engages another person, firm, or corporation (hereinafter referred to as 'sub-contractor') to perform some of the services relative to such work order, he or it shall furnish a written sub-work order with respect there-to on forms prescribed by the Department of Registration and Education which shall contain: (a) The name and address of the sub-contractor. (b) A number identifying the original work order, which number shall be endorsed on the work order received by the licensed dentist. (c) The date on which the sub-work order was written. (d) A description of the work to be done by the sub-contractor, including diagrams if necessary. (e) A specification of the type and quality of the materials to be used. (f) The signature of the person, firm, or corporation issuing the sub-work order. The sub-contractor shall retain the sub-work order and the issuer thereof shall retain a duplicate copy attached to the work order received from the licensed dentist for inspection by the Department of Registration and Education or its duly authorized agents for a period of three (3) years in both cases. Failure of laboratories to comply is a misdemeanor.

- 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 lawsuit, including reasonable attorney fees.
- The Dentist agrees to sign an official LSK121 Oral Prosthetics laboratory slip, which includes his License Number, to be kept on file with the aforementioned laboratory. This will serve as "Permission Granted" for all work to be completed in the future, regardless of which generic, digital or other lab's prescription slip the Dentist chooses to use for his case work.