



Removable Rx

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www.LSK121.com
www.LSK121resources.com
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DOCTOR _____
ADDRESS _____
CITY _____ ST _____ ZIP _____ PHONE _____
E-mail _____
PATIENT _____ SEX M / F AGE _____

DATE SENT / /

DATE DUE / /

By 5:00 PM

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

FULL DENTURE

- LSK Standard Denture
- LSK Deluxe Denture
- Over Denture w/attachment
- Over Denture Hybrid w/Hader Bar
- All-on-4™ Other: _____

CHECK LIST

Midline-Marked High Lip Line-Marked Proper Lip Support

Shade: Anterior _____ Posterior _____
Mould: Anterior _____ Posterior _____
Tissue: Shade _____
Finish: Smooth Characterized
Palate: Smooth Rugal

PARTIAL DENTURE

- Metal Chrome Cobalt Frame Vitallium Frame
 Valplast Metal Frame/Como
 - Metal Free DuraFlex™ DurAcetal®
- Frame Only Frame w/Rim Frame w/Teeth Try-in
 Frame w/Teeth Finish

RESILIENT IMMEDIATE SMILE™

- Anterior Teeth # _____
- Anterior & Posterior Teeth # _____
- Long Term Temps # _____

NIGHT GUARDS/SPLINTS/TMJ APPLIANCES

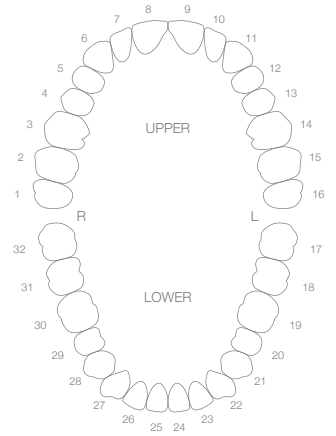
- Hard, Hard/Soft, Soft Night Guard
- Dual Laminate Hard Thermoplastic
- Other: _____

Rx CASE INSTRUCTIONS:

Reline/Repair Denture or Partial

- Reline Repair Add Metal Reinforcement

Design Your Case



DR'S SIGNATURE _____ 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	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	Bite Block
Jig	Wax Rim	Titanium Bar	Locators	Clips									

IN LAB WORKING TIMES

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

RESTORATIONS

Custom tray.....	4
Bite Rims	4
Set-up for try-in.....	6
Re-set for try-in using same teeth.....	4
Re-set for try-in needing new teeth.....	6
Finish full denture from wax try-in stage (no changes)	6
Finish full denture with changes or as an immediate from wax try-in stage.....	8
Finish partial denture from wax try-in stage (no changes)	6
Finish Partial Denture from wax try-in stage with changes needed.....	8
Hard bite splints or Implant stents	6
Resilient Immediate Smile™	7
Partial Framework (metal work only)	12
Rebase (full denture).....	4
Softliner.....	4
Soft mouth guards or bleaching trays.....	4
Flipper (simple).....	6
Attachment or Implant work.....	
<i>please call, it will be determined by the type of case and its complexity.</i>	
Repair (simple).....	
<i>back same day by 5:00pm if it is ready in your office by 9:30am and is within our local pickup area.</i>	
Reline (simple) or Add-on (simple).....	
<i>back same day by 5:00pm if it is ready in your office by 9:30am, is within our local pickup area and has been scheduled ahead of time with the lab and given a reference number.</i>	

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.