



Dr. Name \_\_\_\_\_ Phone \_\_\_\_\_ DATE SENT \_\_\_\_/\_\_\_\_/\_\_\_\_
Address \_\_\_\_\_ E-mail \_\_\_\_\_ DATE DUE \_\_\_\_/\_\_\_\_/\_\_\_\_
Patient Name \_\_\_\_\_ Sex F M AGE \_\_\_\_\_ Send photos to photo@LSK121.com

IMPLANT INTEGRATED PACKAGES

- Screw-Retained Implant Integrated Package™
Porcelain Fused to Titanium Screw-Retained Crown
Zen Enamel Crown w/Custom Abutment
Zen Enamel Layered Crown w/Custom Abutment
Kosmic LiSi Monolithic Press Crown w/Custom Abutment
Kosmic LiSi Layered Crown w/Custom Abutment
Cement-Retained Implant Integrated Package™
PFM Crown+ Ti-Based Custom Abutment
Zen Enamel+ Ti-Based Custom Abutment
Zen 1200+ Zirconia Custom Abutment
Kosmic Press Layered+ Zr Abutment
Monolithic Press+ Ti Abutment
Monet Pure Zirconia Layered+ Ti Abutment
Monet Pure Zirconia Layered+ Zr Abutment

SYTON™ FULL MOUTH IMPLANT SERIES

- Syton™ 1800 Implant Ovedenture
Syton™ 2200 Attachment Bar Overdenture
Syton™ 3500 Screw-Retained Hybrid Acrylic
Syton™ 4900 Screw-Retained Hybrid Zirconia
Syton™ 5000 Removable Monolithic Zirconia
Syton™ 7-Star Ceramic Zirconia

RESILIENT LONG TERM PROVISIONAL SERVICE

- Temporary Implant Provisionals # \_\_\_\_\_
Cosmetic Temporary Provisionals # \_\_\_\_\_
Metal Linguals Provisionals # \_\_\_\_\_
Fiber Provisionals # \_\_\_\_\_



ALL-CERAMICS POSTERIOR

- GC Initial™ LiSi Press (High Strength Lithium Disilicate)
Kosmic Monolithic Press
Kosmic Press Layered
Zirconia
Zen Enamel Monolithic
Natural Posterior (Zirconia Occlusion)
Monet Pure Zirconia Layered

ALL-CERAMICS ANTERIOR

- LiSi Kosmic Press
Layered Monolithic
Hollywood Veneer
Monet Pure Anterior Zirconia Layered
VIP Single Central Anterior Service

METAL CERAMICS

- Non Precious (Base) Semi Precious (Noble)
White Precious (High Noble) Yellow Precious
Marginal Design: No metal showing Porcelain butt
Lingual metal band Lingual distal band
Extra Thin 360° metal band

MARYLAND BRIDGE

- GC Gradia Ceramic Composite Fiber Reinforced
Monet Pure Zirconia Maryland Bridge
Metal Ceramic Maryland Bridge

RETURN FOR

- Die Trim Bisque Try-In
Metal Try-In Finish

IF NO OCCLUSAL CLEARANCE

- Metal occlusion Metal island Call doctor
Reduce opposing Reduction coping

FULL DENTURES

- LSK Deluxe Denture
Overdenture w/attachments Metal Mesh
Attachment Bar Overdenture
Other: \_\_\_\_\_
Custom Tray Bite Block Wax Setup Try-in Finish
Reline Repair Rebase

PARTIAL DENTURES

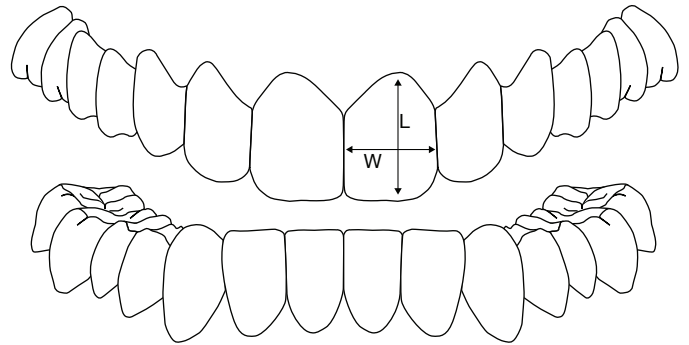
- Metal Free
FiberFlex™ Duracetal® Flipper Essix®
Metal Cast Frame
Clasps: Metal Pink Tissue Frames: Frame Only Frame w/Rim
Tooth Colored Frame w/Teeth Setup Try-In
Clear Flexi Frame w/Teeth Process Finish

NIGHT GUARDS/SPLINTS/TMJ APPLIANCES

- Choose Arch: Upper Lower Choose Design: Anterior guidance Flat plane Canine rise
Occlu-Balance (Clear hard acrylic) Occlu-Snug (Biocryl)
Occlu-Ease (Clear hard/soft acrylic) Occlu-Dual (Biocryl)
Occlu-Protect (Clear hard acrylic) Occlu-Flex (Biocryl)
Occlu-Soft (Clear pliable acrylic) Surgical Stent (Biocryl)
Occlu-Ever (Clear thermoplastic resin)

TREATMENT PLAN WAX-UP

- Teeth # \_\_\_\_\_ Crown # \_\_\_\_\_
Please use the Teeth Diagram below.
Veneer # \_\_\_\_\_ Implant # \_\_\_\_\_
Prep Guide Model Long-Term Provisional
Mount w/Bite Correction CR CO Bite Correction
Putty Matrix Guide from Wax-Up Clear Stent for Temporary



LAB USE ONLY					
PAN NUMBER _____			RECEIVED BY _____		
Full Arch Impression	Full Arch Implant Impression	Quadrant Impression	Quadrant Implant Impression	Triple Impression	Triple Implant Impression
Opposing Model	Study Model	X-ray	Bite	Photo	Memory Card
Working Pin Model	Second Working Model	Stick Bite	Face Bow	Diagnostic Wax-Up Model	Metal Framework
Verification Jig w/ Screw	Soft Tissue Model	Impression Coping Screw	Dr's Articulator	Articulator Box	Metal Articulator w/ Models
Articulating Plate	Shade Tab	Old Impression w/ Models	New Impression	Old Crown/Bridge	Tooth Sample from Patient's Mouth
Doctor Fabricated Implant Model w/ Custom Abutment & Opposing	Lab Analog	Abutment w/ Screw	Bite Block	Screw Retained Bite Block	Partial Frame
Partial Frame w/ Bite Block w/ Bite Impression	Patient's Old Partial	Wax Try-In Denture	Patient's Old Denture	Wax Try-In w/ Attachment	Wax Set Up w/ Bite
Stent/Night Guard	Attachment Parts	Copymil Wax for Full Mouth Implant Zirconia	PMMA Provisional		

NOTES
Called Dr. ____ / ____ / ____
Dr. Called ____ / ____ / ____

### 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
Implant Single Integrated Package .....	10 lab working days
Syton™ Full Mouth Implant Series .....	15-19 lab working days
Removable Prosthetics / ERA Bar Overdenture .....	14 lab working days
Zen Enamel .....	6-12 lab working days depending on Units
Natural Posterior Layered Zirconia .....	6-12 lab working days depending on Units
Monet Pure Zirconia Layered .....	6-12 lab working days depending on Units
Kosmic Monolithic Press .....	6-12 lab working days depending on Units
Kosmic Press Layered .....	6-12 lab working days depending on Units
Veneers .....	6-12 lab working days depending on Units
Ceramic Composites .....	6-12 lab working days depending on Units
PFMs .....	6-12 lab working days depending on Units
Full-Cast Restorations .....	6-12 lab working days depending on Units
Extra Single Anterior/ Signature Services .....	schedule in advance available
Treatment Plan Wax-Up .....	5-10 lab working days depending on Units
Provisional Services .....	5-10 lab working days depending on Units
Night Guards/Splints/TMJ Appliances .....	5-7 lab working days
Custom tray / Bite Rims .....	3 lab working days
Denture Wax Try-In .....	6 lab working days
Finish full denture Process from wax try-in .....	6 lab working days
Process Immediate Denture .....	8 lab working days
Partial Framework Only .....	12 lab working days
Finish partial denture from wax try-in .....	5 lab working days
Process Finish Partial .....	8 lab working days
FiberFlex Metal Free Partial .....	8 lab working days
Acrylic Partial/Essex Appliance/PMMA Provisional .....	8 lab working days
Resilent Long Term Provisional .....	5-10 lab working days
Re-base (full denture) / Softliner .....	4 lab working days
Digital Implant Model .....	4-8 lab working days depending on lab analog order
Clear Surgical Guide .....	6 lab working days
Digital Screw Retained or Cement Retained Long Term Provisional .....	10 lab working days
Digital Screw Retained or Cement Retained Full Arch PMMA .....	12 lab working days
Digital Quadrant Model/Digital Jaw Model .....	4 lab working days
Rush, Complex or Combination Cases .....	schedule in advance available

\* Lab working days do not include transit time, case received or shipped day, weekends or holidays.

### RUSH CASES MUST BE PRE-SCHEDULED

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

TO PRE-SCHEDULE RUSH CASES, CALL

**(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").

- Dentists agree to pay the full stated price of Goods within 45 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 cases are completed. This is based on the 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.
- Dentists 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 the patient's mouth.
- Cases are considered accepted by the Dentists upon delivery. Dentists have the right to request remakes and repairs according to the original Rx up to 1 year from delivery date on issues that are determined to be caused on the lab side, at our discretion. 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. After the acceptance period, the case will need to be evaluated and charges may apply to remakes/adjustments. This policy only applies to remakes and adjustments. There will be absolutely no returns or refunds on custom prosthetics made from the request of a Dentist's Rx.
- Should the Dentist request a remake of Goods, the Dentist agrees to resubmit all original Goods including, but not limited to, original impressions, models and restorations to the lab. LSK121 must have the 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 the lab, the full stated price of Goods will be due to LSK121. Should the Dentist return nonconforming Goods for any reason, Dentist must give LSK121 the opportunity to provide conforming Goods within a reasonable timeframe.
- These terms and conditions outlined in this document govern all cases in our lab, regardless of the Rx form used to submit each individual case. No other Rx forms submitted to our lab can supersede these terms and conditions.
- 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 their license.

Dentist and laboratory must retain their respective copies of work orders for 5-7 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, they 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 5-7 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.
- New Dentists must send their Credit Card Information with their first case.