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SPLINT/NIGHT GUARD Rx

DATE SENT	/	/
DATE DUE	/	/

By 12:00 PM / By 5:00 PM

DOCTOR _____

ADDRESS _____

CITY _____ ST _____ ZIP _____ PHONE _____

PHONE _____ E-mail _____

PATIENT _____ SEX M / F AGE _____

<p><input type="checkbox"/> Occlu-Protect™</p> <ul style="list-style-type: none"> ✓ Clear hard acrylic ✓ Canine rise, flat plane, and anterior guidance can be incorporated upon request. ✓ Good for Heavy Bruxers 	<p><input type="checkbox"/> Occlu-Ease™</p> <ul style="list-style-type: none"> ✓ Clear hard/soft acrylic ✓ Canine rise, flat plane, and anterior guidance can be incorporated upon request. ✓ Good for patients with periodontal disease or mobile teeth. 	<p><input type="checkbox"/> Occlu-Soft™</p> <ul style="list-style-type: none"> ✓ Clear pliable acrylic ✓ Canine rise, flat plane, and anterior guidance can be incorporated upon request. ✓ Patient comfort, ease of placement 	<p><input type="checkbox"/> Occlu-Ever™</p> <ul style="list-style-type: none"> ✓ Clear thermoplastic resin ✓ Canine rise, flat plane, and anterior guidance can be incorporated upon request. ✓ Most durable made by injection technique
<p><input type="checkbox"/> Occlu-Flex™</p> <ul style="list-style-type: none"> ✓ Biocryl ✓ Used for fabricating temporaries chairside based off a diagnostic wax up. ✓ Can also be used for bleaching trays. 	<p><input type="checkbox"/> Occlu-Snug™</p> <ul style="list-style-type: none"> ✓ Biocryl ✓ Can come in 1, 1.5, or 2 mm thickness. ✓ Good for use in keeping teeth in place especially after orthodontic work is complete. 	<p><input type="checkbox"/> Occlu-Dual™</p> <ul style="list-style-type: none"> ✓ Biocryl ✓ Inner surface resilient for comfort ✓ Good for sports. 	<p><input type="checkbox"/> Occlu-Balance™</p> <ul style="list-style-type: none"> ✓ Clear hard acrylic ✓ Also known as a Tanner Appliance. It is used as a day appliance made on the lower arch. It keeps patients in Centric to help keep muscles relaxed. ✓ Good for day bruxers and tense jaws. Requires bite taken in centric.
<p><input type="checkbox"/> Surgical Clear Stent</p> <ul style="list-style-type: none"> ✓ Biocryl ✓ Clear stent with pilot holes drilled for proper implant placement added up to 4 implants. ✓ Guided implant placement 	<p><input type="checkbox"/> Muscle Deprogramming Device</p> <ul style="list-style-type: none"> ✓ Clear hard acrylic ✓ This device fits over the lower front six teeth with minimal amount of vertical dimension. Our device has a radio opaque marker. Minimal amount of vertical dimension 2mm required. ✓ Muscle deprogrammer 	<p>CHOOSE ARCH</p> <p><input type="checkbox"/> UPPER <input type="checkbox"/> LOWER</p> <p>CHOOSE DESIGN</p> <p><input type="checkbox"/> ANTERIOR GUIDANCE <input type="checkbox"/> FLAT PLANE <input type="checkbox"/> CANINE RISE</p> <div style="background-color: #e0e0e0; padding: 5px;"> <p>REQUIRED:</p> <p><input checked="" type="checkbox"/> Detailed accurate full arch Impression</p> <p><input checked="" type="checkbox"/> Bite in centric relation</p> <p><input checked="" type="checkbox"/> Protrusive bite</p> <p><input checked="" type="checkbox"/> Opposing model</p> </div>	

CASE INSTRUCTIONS:

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 _____ 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	Old Impression
X-ray	Photo	Memory Card	CD										

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

Occlu-Protect™	5
Occlu-Ease™	5
Occlu-Soft™	5
Occlu-Ever™	5
Occlu-Flex™	5
Occlu-Snug™	5
Occlu-Dual™	5
Occlu-Balance™	5
Surgical Clear Stent	5
Muscle Deprogramming Device	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.