



23225 Northwestern Hwy. Southfield, MI 48075
 Main (248) 799-7070 . Fax (248) 799-7575
 www.skdentallab.com
 (800) 742-9685

Dr: _____ Acct # _____

Address: _____

City: _____ St: _____ Zip: _____

Patient Name: _____

Phone: _____ Due Date: _____

Email: _____

Shade:

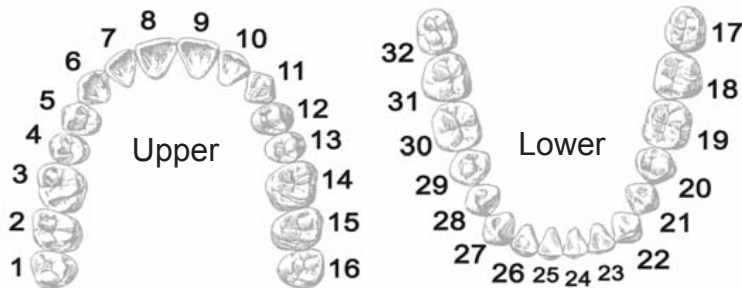


Special Instructions:

Implant System _____

Implant Diameter _____

(indicate which abutments will have restorations splinted together)



Implant RX

Product Selection

Abutment Type

- Custom Abutment
- Titanium Abutment
- Zirconia Abutment
- Zirconia Abutment w/ Ti-base
- UCLA Custom Abutment
- CAD/CAM
- Prepare Existing Abutment

Order Implant Components

- Impression Coping(s)
- Lab Analog(s)
- Custom Abutment(s)
- Overdenture Attchments
- Other _____

Dr's components sent with case (Please indicate quantity)

- _____ Impression coping w/ screw
- _____ Analog
- _____ Abutments
- _____ Abutment Screws
- _____ Waxing Sleeves
- _____ Drivers
- _____ Other

Provisionalization

- Provide custom abutment and anatomical provisional
- Provide immediate placement screw-retained provisional

Soft Tissue Graft

- No graft planned
- Site has been grafted (Expect _____mm recession)
- Site will be grafted (Expect _____mm to be grafted)

Implant Porcelain Contour

- Hygienic Natural Emergence 1/2 Ridge Lap

Screw-Retained Restorations

- PFM Noble (metal island)
- PFM Noble (metal lingual)
- PFM Noble (no visible metal)
- PFM Noble (metal Occlusal)
- e.max (w/ Ti Base)
- Bruxzir- Incoris TZI (w/ Ti Base)

Cement-Retained Restorations

- PFM Base
- PFM Noble
- PFM High Noble
- Solid Zirconia
- IPS e.max
- Procera

Implant Overdentures & Partials

- Implant Overdenture
- Hybrid
- Precision Partial

FOR LAB USE ONLY

Time Schedule

Days in the lab

Implant Crowns	8 Business Days
Custom Abutments	6 Business Days
Provisionals	4 Business Days
Bite Rims & Custom Trays	3 Business Days
Surgical Stents	6 Business Days
Implant Bars & Hybrids	By Appointment

SK Dental Terms & Conditions

By signing or sending this Rx form (or a substitute thereof), to SK Dental Lab, Inc, I agree to abide by all terms and policies listed below.

Terms:

All statements must be paid in full by the last day of the month in which the statement is prepared. Any amounts not paid by the last day of the month will incur a 2% finance charge per month. Any account that is over 45 days past due will automatically be placed on C.O.D. All cases will be billed in stages and will be paid in full according to stage. All cases and items sent remain the property of SK Dental Labs, Inc., until clients account is paid in full. A minimum of \$50.00 will be charged for returned checks. All disputes shall be governed in all respects by Michigan law and client agrees to submit to the exclusive jurisdiction of, and venue in, the courts of Michigan in any dispute. Client will be responsible for the costs of collection including attorney's fees.

What is Covered:

1. Repair or replacement of prosthesis.

2. What is not covered:

- Cash refund for prosthesis.
- Cost incurred for insertion or removal.
- Repairs resulting from accident, neglect, abuse, failure of supportive tooth or tissue structures, improper adjustments or improper dental hygiene.
- SK Dental Labs, Inc. is not liable for any fixed prosthetic (over 5 units), or any removable prosthetic that has not been appropriately fitted prior to process.
- Repairs, relines, SK Temps & provisionals, implants, immediate dentures,
- immediate partials and appliances partially fabricated or completely fabricated by another lab other than SK Dental Labs, Inc.
- Dentures that have been approved for finish will be charged again if a re-set or a change of teeth is required.
- Cosmetic cases
- Flippers and any other form of temporary appliance or restoration.

Conditions that must be met for warranty to apply:

- Prosthesis must be inserted by a licensed , practicing dentist.
- Patient must adhere to semi-annual dental maintenance (cleaning and exam) program, in the office of a licensed & practicing dentist.
- The maintenance schedule on this certificate must be documented by the attending dentist each visit to validate this warranty.
- Dental Prosthetic must be returned with model work in order for the credit to be issued or evaluated.
- Warranty is 5 Years on porcelain fused to metal restorations from the date of delivery.
- Warranty on Dentures is 2 years on material defects only.

Date	Type of Exam	Dr's Initials

*** A \$3.00 charge will be added to each case for disinfection.

*** A fuel sur-charge will be added to each case.

*** A \$7.00 one-way shipping charge will be added for UPS cases.

*** Days in the lab do not include Saturdays, Sundays or holidays.