

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

Patient Name \_\_\_\_\_

Due Date: \_\_\_\_\_ E-mail: \_\_\_\_\_

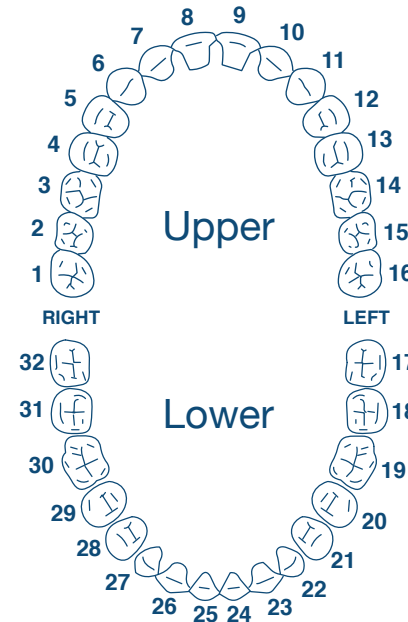
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Case turnaround times are based on the date the Rx is received at SK Dental Lab.


**(800) 742-9685**

23225 Northwestern Hwy. Southfield, MI 48075  
www.skdentallab.com

# Fixed Restoration

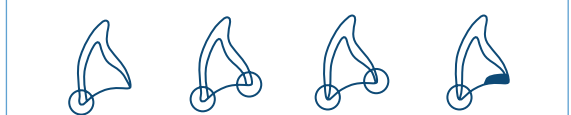


**PONTIC DESIGN**





Ridge Lap    Modified Ridge    Ovate    Conical    No Contact

**MARGIN/METAL DESIGN**



Labial Butt    360° Butt    Standard (No Collar)    Lingual Collar

Tooth Shade: \_\_\_\_\_

Shade Guide Used: \_\_\_\_\_

Stump Shade (for E.MAX): \_\_\_\_\_

Pink Tissue Shade: \_\_\_\_\_

Signature: \_\_\_\_\_

License # \_\_\_\_\_

This is a two page form. I understand my signature here indicates my agreement to the terms and conditions on the back page.

RESTORATION TYPE	ZIRCONIA - ALL CERAMIC
Crown	BruxZir (milled)
Bridge	Celtra® Duo (milled)
No-prep Veneer	IPS E.MAX (monolithic) milled
Veneer	Enamic (Feldspathic Porcelain Crown)
Inlay/Onlay	Zirconia Layered
Implant	KATANA™
Post & Core	Procera®
Diagnostic wax-up	Celtra® Press
Temps	IPS E.MAX (Pressed)
Rest seats	
(specify) _____	
Crown under partial	
(specify) _____	
	OTHER
	Composite Crown
	Provisional Resin Crown

METAL PFM	STAGES	STAINING	MARGIN PREP	INTERPROXIMAL CONTACT
Non-Precious	Complete	None	Bevel Shoulder Feather Chamfer	Light Medium Heavy
Semi-Precious	MTI/Coping	Light		
High Noble __40%__52%__75%	Glaze/Polish	Medium		
Captek™	Bisque Bake	Heavy		
	Finish			
FULL CAST	OCCLUSAL CLEARANCE	IF NO OCCLUSAL CLEARANCE		
Full cast Yellow HN gold	Light	Call Doctor to Discuss	Metal Island	
Full cast Yellow noble (2% AU)	Open	Spot Opposing	Reduction Coping	
Full cast White HN	Tight	Metal Occlusion	Trim Prep no coping	
Non-Precious __yellow__white		Make this a permanent note in my master file		



**(800) 742-9685**

23225 Northwestern Hwy. Southfield, MI 48075

[www.skdentallab.com](http://www.skdentallab.com)

## SK DENTAL LAB 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.

\*\*\* 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.

**For fee schedule, turn-around times and pick-up, call our lab at (800) 742-9685.**



### What is Covered:

- Repair or replacement of prosthesis.

### 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 Warrant 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.