

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

Implant Fixed RX Form

Indicate implant system: _____

Indicate implant size _____

Please order all implant components for this case

Tooth No: _____ Final Shade: _____

Part # _____ Lot# _____

RESTORATION TYPE

- Crown
- Splinted Crowns
- Bridge

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.

SELECT FINAL CUSTOM ABUTMENT

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

HEALING COMPONENT TYPE

- Custom healing abutment with custom impression coping
- Custom temporary abutment with BioTemps provisional crown and custom impression coping
- Prosthetic stent for implant positioning (recommended)

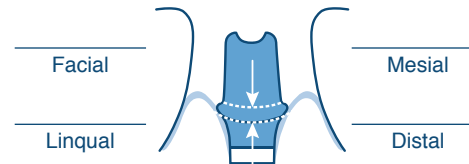
CEMENT-RETAINED RESTORATION

- | | |
|----------------|-----------|
| Solid Zirconia | Procera® |
| PFM Base | PFM Noble |
| PFM High Noble | |

SCREW-RETAINED RESTORATION

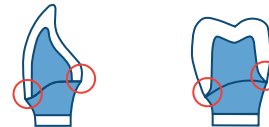
- PFM Noble (metal lingual)
- PFM Noble (no visible metal)
- PFM Noble (metal occlusal)
- Bruxzir - (w/ Ti Base)
- Bruxzir - (w/ ZIR Base)

ABUTMENT MARGIN DEPTH



If left blank, default values will be used

ABUTMENT MARGIN DESIGN



Shoulder for all-ceramic

Chamfer for PFM/BruxZir

ABUTMENT EMERGENCE PROFILE



Surgical Placement

Moderate Tissue Displacement

No Tissue Displacement

SOFT TISSUE GRAFT

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

PONTIC DESIGN



Ridge Lap

Modified Ridge

Ovate

Conical

No Contact

CERAMIC METAL DESIGN



*Standard unless specified otherwise

CONTOUR AND OCCLUSION DESIGN

- | | | | |
|------------|-------|--------|-------|
| Occlusion: | Light | Open | Tight |
| Contacts: | Light | Medium | Heavy |

IF NO OCCLUSAL CLEARANCE

- | | |
|--|---------------------|
| Call Doctor to Discuss | Metal Island |
| Spot Opposing | Reduction Coping |
| Metal Occlusion | Trim Prep no coping |
| Make this a permanent note in my master file | |



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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.