

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

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

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

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

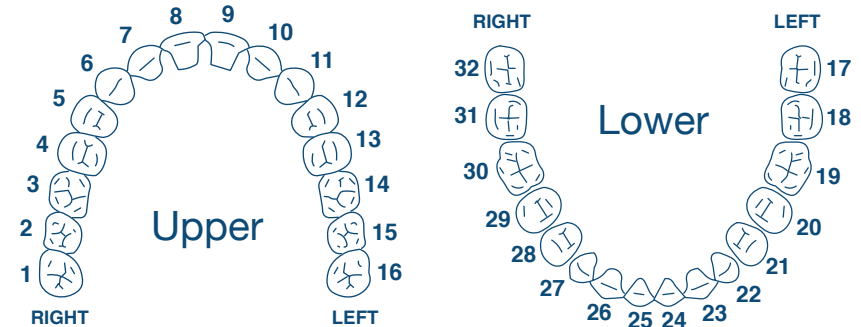
Case turnaround times are based on the date the Rx is received at SK Dental Lab.



**(800) 742-9685**

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

## Removable RX Form



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.

Tooth Shade	Teeth to be extracted from model now # _____			
Economy Teeth Premium Teeth Porcelain Teeth	Teeth removed from model at final processing # _____			
Acrylic Gum Shade	DENTURES			
Light Pink #1A Standard Pink #1 Orange #1OR	Hi- Impact Denture Premium Denture Premium Milled Denture	Suction Cup Denture Cosmetic Denture Premium Printed Denture		
Ethnic	Upper Try-in	Lower Cast Metal Base	Metal Mesh Finish	Fiber Mesh
Light #49 Medium #52 Dark #51	Name in Denture Custom Tray	Base Plate Bite Rim		

PARTIALS			
Metal Free Partial Acrylic Partial VisiClear Partial Valplast Partial Peek		Metal Partial Premium Cast Partial Other _____	
Upper	Lower	Try-in	Finish
Major Connectors			
Lab Select Horseshoe	Palatal Strap Full Palate	Lingual Bar Lingual Plate	
Clasp Design			
Lab Select Cast Valplast Clasp	Akers Roach InvisiClear Clasp	Tooth Colored Wrought Wire	
Flexite Gum Shades (Partials)			
Light Pink Dark Pink	Trans Pink EthnicB (LM)	CoEthnic (MM) EthnicP (DM)	

PLAYSAFE MOUTHGUARDS	
2mm Thickness	4mm Thickness
Specify color(s) _____	
Name _____	
To get full color palette, please contact our lab.	
SNORING/SLEEP APNEA APPLIANCE	
<i>(Upper and lower models with protrusive bite required)</i>	
Silent Nite sl*	EMA dreamTAP
TAP	TAP 3 TAP 3 TL
BITE SPLINT/NIGHT GUARDS	
Bite Splint (hard) Comfort H/S	Brux-eze Splint Mini Deprogrammer
RETAINERS	
Clear	Essix Hawley Other _____
FLIPPERS	
All Acrylic Flipper 5+ Teeth (Acrylic Partial)	
All Acrylic Flipper 1-2 Teeth (w/o clasps)	
All Acrylic Flipper 1-4 Teeth (w/clasps)	



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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.