

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

Tray Aligner RX Form

COMMENTS

TREATMENT LENGTH:

Recommended

Months _____

WEAR SCHEDULE: _____

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.

ARCHES			CANINE RELATIONSHIP		I WILL BOND BUTTONS ON THESE TEETH																																																															
TREAT ARCHES	UPPER ARCH	LOWER ARCH	RIGHT	LEFT	<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> <td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td> </tr> <tr> <td>R</td><td colspan="14"></td><td>L</td> </tr> <tr> <td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td> <td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td> </tr> </table>																1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	R															L	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
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Both	Maintain	Maintain	I Class	I Class	DO NOT MOVE THESE TEETH (bridges, ankylosed teeth, implants, etc.)																																																															
Upper	Expand	Expand	II Class	II Class	<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> <td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td> </tr> <tr> <td>R</td><td colspan="14"></td><td>L</td> </tr> <tr> <td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td> <td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td> </tr> </table>																1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	R															L	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
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Lower	Narrow	Narrow	III Class	III Class	AVOID ATTACHMENTS ON THESE TEETH (fascial restorations, crowns, veneers, etc.)																																																															
INCISORS RELATIONSHIP			HOW TO GET THE NEEDED CLASS		<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> <td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td> </tr> <tr> <td>R</td><td colspan="14"></td><td>L</td> </tr> <tr> <td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td> <td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td> </tr> </table>																1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	R															L	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
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OVERBITE (VERTICAL OVERLAP)			DISTALIZATION		I WANT TO EXTRACT THESE TEETH																																																															
Maintain			MESIALIZATION		<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> <td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td> </tr> <tr> <td>R</td><td colspan="14"></td><td>L</td> </tr> <tr> <td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td> <td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td> </tr> </table>																1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	R															L	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
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Increase the vertical overlap																																																																				
OVERJET (HORIZONTAL OVERLAP)			MOLAR RELATIONSHIP																																																																	
Upper Incisors			RIGHT	LEFT																																																																
Maintain			I Class	I Class																																																																
Retroclination (backward inclination)			II Class	II Class																																																																
Proclination (forward tipping)			III Class	III Class																																																																
Lower Incisors			HOW TO GET THE NEEDED CLASS																																																																	
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Retroclination (backward inclination)			MESIALIZATION																																																																	
Proclination (forward tipping)			IPR																																																																	
Overjet			CLOSE ALL SPACES																																																																	
Maintain			Yes																																																																	
Contact between incisors			Maintain diastema/trema																																																																	
Maintain large overjet if needed for Class			Leave space distal to _____																																																																	
Midline																																																																				
Maintain																																																																				
Improve																																																																				



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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.