



SK Dental Lab
commitment to excellence...

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: _____

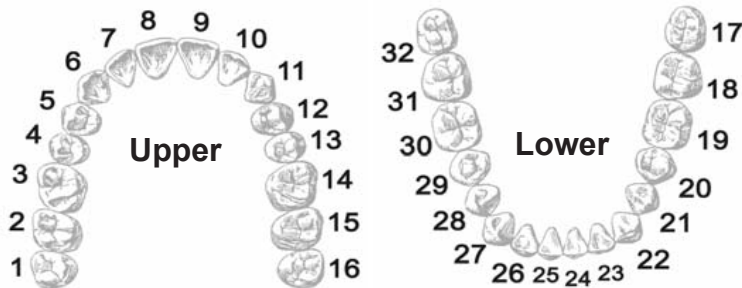
Phone: _____ Due Date: _____

Special Instructions:

Tooth Shade: _____
 Economy Teeth Premium Teeth Porcelain Teeth

Tissue Shade:
 Light Pink Standard Pink
 Dark Pink Med Pink

Ethnic/ Meharry: Light Medium Dark



Removable RX

Product Selection

Dentures

- Hi-Impact Denture
- Premium Denture
- Suction Cup Denture
- Cosmetic Denture

Immediates

- Extract All
- Extract Tooth # _____

Partials

- Premium Cast Partial
- Valplast
- Acrylic Partial (6 or more Teeth)
- All Cast Molar
- Laser Weld Repair
- Framework Adjustment

Clasp Design

- Lab Select Tooth Colored
- Cast Roach
- Akers Wrought Wire

Major Connector

- Lab Select Full Palate
- Horseshoe Lingual Bar
- Palatal Strap Lingual Plate

Splint Therapy

- Hard Acrylic Splint
- Combo Splint
- Bruxeez Splint
- Gelb Appliance

Case Specs

Full Denture Partial Denture Unilateral Stages

Complete Framework Try-in
 Wax Try-in w/ Teeth Final Process

Repairs & Relines

- Reline Hard Reline Soft
- Reline- Suction Cup Rebase
- Simple Fracture Repair
- Mesh Reinforcement
- Complex Acrylic Repair
- Wire Reinforcement
- Acrylic Adjustment
- Denture Reconditioning
- Tooth Replacement - Tooth #(s) _____

Removable Extras

- Wax Bite Rim
- Custom Tray
- Bleaching Tray
- Name in Denture

Flippers

- One Tooth Flipper
- Acrylic Stayplate (3-6 Teeth w/ 2 clasps)

Retainers

- Hawley Wraparound Spring Aligner
- Clear Retainer

Fixed Appliances

- Nance Appliance Space Maintainer
- Bi-Lateral Space Maintainer

Mouthguards

- Athletic Mouthguard w/ Strap
- Mouthguard

Time Schedule

Days in the lab

Cast Framework	6 Business Days
Wax Try-in w/ Teeth	7 Business Days
Denture Finishes	6 Business Days
Bite Rims & Custom Trays	2 Business Days
Bite Splints	7 Business Days
Suction Cup Reline	6 Business Days
Repairs & Relines	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.