

Case # \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Deliver By 5pm On: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Rush Case ☐ Remake/Adjustment

**Check Applicable Items**

**Crown & Bridge**

**Zirconia Restorations**

☐ Premier High Strength Full Milled (1250 mPa)  
☐ Standard High Strength Full Milled (1050 mPa)  
☐ High Translucency Full Milled (Post/Anterior)  
☐ Layered (Anterior)

**IPS e.Max Restorations**

☐ e.Max Monolithic & Stain (Posterior)  
☐ e.Max Layered (Anterior)  
☐ e.Max Inlay/Onlay ☐ e.Max Veneer

**Full Gold Crowns**

☐ Noble ☐ High Noble

**Implant Based Restorations**

System: \_\_\_\_\_ Platform: \_\_\_\_\_

☐ EZ Screw Retained Implant Crown  
☐ Screw Retained ☐ Cement Retained

Abutment: ☐ Stock: Ti / Zr ☐ Custom: Ti / Zr

**Removable Appliances**

Comfort H/S Night Guard ☐ 3mm ☐ 4mm  
☐ Essix Retainer

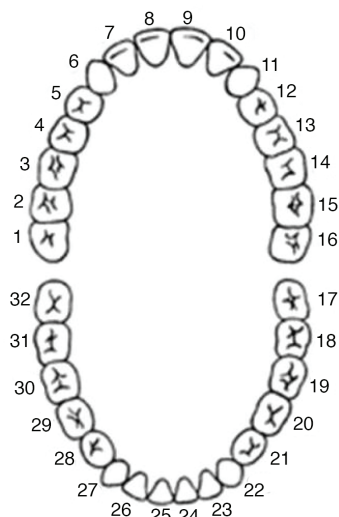
**Pontic Design**

☐ Ovate ☐ Full Lap ☐ Buccal ☐ Point ☐ Spaced

**If Insufficient Room:**

- ☐ Relieve Opposing & Mark ☐ Call Office  
☐ Reduction Coping ☐ Relieve Prep & Mark

Shade: \_\_\_\_\_ Prep Shade: \_\_\_\_\_



Doctor Signature: \_\_\_\_\_ Lic #: \_\_\_\_\_

**Terms and Conditions**

By signing and/or submitting this Rx to K&S Dental Lab LLC, the Dentist agrees to pay, in full, the stated price of product within 30 days of the statement date. Dentist further agrees to pay a late fee of 2% per month on the balance due of any unpaid invoice(s). In the event of a suit, Dentist agrees to pay any reasonable attorney fees. Dentist agrees to hold harmless K&S Dental Lab LLC in the event of any damages or injuries resulting from improper use or mishandling of product. K&S Dental Lab will guarantee all products for 1 year from the date of the Rx, unless: Doctor re-preps patient; Doctor refuses try-in request and asks to complete case; or if die, impression, or margin is in question and Doctor requests completion.

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YELLOW: DENTIST COPY

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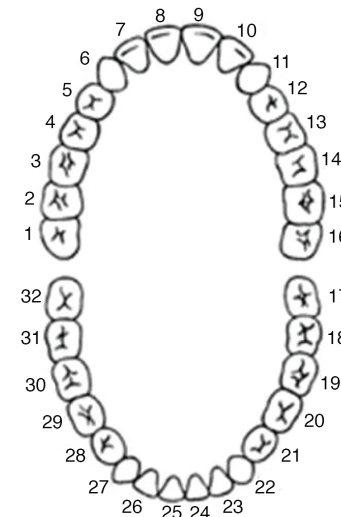
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