



Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Patient's Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Date written: \_\_\_\_\_ Appointment date: \_\_\_\_\_  
Date wanted: \_\_\_\_\_ (see turnaround time on back )

**PLEASE SEND THE FOLLOWING**

- Prescription Pads     Boxes     Mailing  
Labels     YES     NO

**OPPOSING WILL BE RESTORED IN THE NEAR FUTURE?**

- Make reduction coping     Call me  
 Adjust opposing

**PLEASE SELECT LEVEL OF SERVICE, READ THE BACK OF THIS PAGE**

- MASTER SERVICES     PREMIUM SERVICES

**RESTORATION TYPE**

- Lithium disilicate     Custom abutment  
 Zirconia     Cement retained  
 Multi-layered monolithic zirconia     Screw retained. Lute at the lab, Yes/No  
 Layered zirconia    Implant manufacturer and size  
 Feldspathic veneer  
 PFM  
 Please Call

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

**DETAILED INSTRUCTIONS**

**DESIRED SHADE** \_\_\_\_\_ **OCCUSAL STAIN YES/NO** \_\_\_\_\_

**STUMP SHADE** \_\_\_\_\_  very dark or metal post present

**PONTIC DESIGN** \_\_\_\_\_ **TISSUE ADJUSTMENT MM** \_\_\_\_\_

**DIGITAL DIAGNOSTIC SERVICES**

- DSD  
 Digital diagnostic wax up  
 Temp shells PMMA  
 Injection matrix  
 Reduction guide  
 Gingivectomy guide

**Please read minimum requirements for anterior cases on the back.**

**INCLUDED WITH CASE:**

- Upper Impression     Diagnostic wax-up  
 Lower Impression     Old restorations  
 Opposing model     Lab analogs, Qty:  
 Articulator     Photos/USB  
 Bite registration     Pre-op model  
 Face bow     Implant parts  
 Provisional model     Other

By signing below, I acknowledge the terms and conditions contained on the reverse of this case authorization form, and such terms are incorporated into this form agreement.

Doctor's Signature \_\_\_\_\_

License #: \_\_\_\_\_

Date \_\_\_\_\_

## MINIMUM REQUIREMENTS FOR ANTERIOR CASES

### IMPRESSION OR SCAN

Flawless impression or scan, Full-arch impressions should have clear margins, no pulls or distortions. An impression cord is highly recommended.

### BITTE REGISTRATIONS.

If both arches are being restored simultaneously, upper preps against the lower prep bite is required, unless we are doing a digital bite.

For a digital bite: it needs an accurate scan of the temps against opposing with as much tissue information as possible.

### SHADE

Please, include the final desired shade and stump shade information.

Any dark areas, metal posts, etc., must be noted on the R.X. Pictures should be provided.

### PHOTOS.

Photos of the stump shade and temps in the mouth are highly encouraged.

**Note: A diagnostic wax up is not a replacement for a temporary model.**

## TERMS AND CONDITIONS

1. By The Dentist signing and submitting this case authorization form ("Agreement") to Key Element Dental Laboratory (Key Element) the dentist acknowledges and agrees to the policies, terms, and conditions documents of Key Element. Those documents were provided when the account was created; updates are provided periodically and are available upon request. The current policies, terms and conditions are incorporated as part of this agreement.
2. Payment is due in full after receipt of goods. Dentist agrees to pay, in full the stated price of Product plus any late payment penalties plus of costs of collection, including but not limited to, attorney's fee if any. Dentist further agrees to pay a late penalty of 3% per month charged upon unpaid invoices; charges will be calculated from due date of invoice. Such late penalty shall commence 30 days after monthly statement date. In the event that any order submitted by Dentist is cancelled for any reason before shipment, Dentist shall pay any loss or damage to Key Element.
3. The parties of this Agreement shall be governed by and be construed in accordance with the laws of the Commonwealth of Virginia. The parties further agree that any and all lawsuits that may arise under this Agreement, whether in federal or state court, shall be filed and adjudicated in the Commonwealth of Virginia.
4. If any provision of this Agreement is held invalid, unenforceable or void by a court of competent jurisdiction, such circumstances shall no effect the validity of any of the provisions of this Agreement, but this Agreement shall be reformed and continued as if such invalid, inoperative or unenforceable provision had never been contained herein and such provision reformed so that it would be valid, operative and enforceable to the maximum extent permitted.
5. Any and all attachments, including but not limited to prescriptions, modifications, diagrams, photographs, models or instructions of any sort, are incorporated into this Agreement, unless Key Element objects.

## TURNAROUND TIME

Note: Times do not include time in transit, shipping or receiving day. For implants and comprehensive cases, schedule could be extended depending on case complexity.

SINGLE POSTERIOR CROWN	10 WORKING DAYS
6 UNITS OR LESS ANTERIOR CASES, NO IMPLANTS	15 WORKING DAYS
6 UNITS OR MORE 4 WEEKS	20 WORKING DAYS
DIGITAL DIAGNOSTIC WAX UP	12 WORKING DAYS
SINGLE POSTERIOR IMPLANT CASES	12 WORKING DAYS
	10 WORKING DAYS WHEN SCANNED WITH DESS

### IMPORTANT

Rush cases are very limited at this moment and must be pre-approved. Please, call before you send your case.