



DISTINCTIVE DENTAL STUDIO, LTD.

1504 Wall Street • Naperville, IL 60563
800.552.7890 • www.ddsltdlab.com

DOCTOR _____ Date _____

Male
 Female

PATIENT NAME _____

Send More Rx Forms
 Boxes

DELIVER BY 5 P.M. ON

SHADE _____ **STUMP** _____

METAL-FREE RESTORATIONS <i>Stump Shade Required</i>	<input type="checkbox"/> Lava™ <input type="checkbox"/> Empress® <input type="checkbox"/> Zenostar Layered	<input type="checkbox"/> Emax CAD Lithium Disilicate <input type="checkbox"/> Emax CAD Cutback <input type="checkbox"/> Emax Press	<input type="checkbox"/> BruxZir® Solid Zirconia <input type="checkbox"/> BruxZir® Anterior <input type="checkbox"/> BruxZir® Layered <input type="checkbox"/> Lava™ Esthetic
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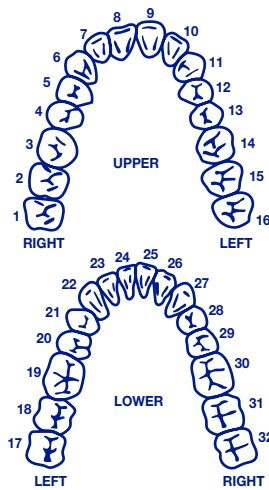
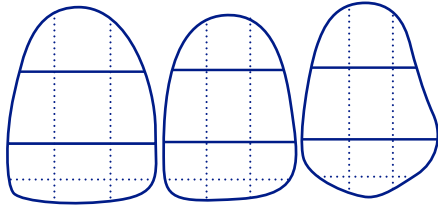
PORCELAIN TO METAL RESTORATIONS	<input type="checkbox"/> Noble Crown™ (White Noble) <input type="checkbox"/> Gold (White High Noble)	<input type="checkbox"/> NP (White) <input type="checkbox"/> Porcelain Butt Margin	<input type="checkbox"/> Metal Occlusion
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FULL CAST ALL METAL	<input type="checkbox"/> Cast Crown <input type="checkbox"/> Inlay / Onlay	<input type="checkbox"/> Gold (High Noble) <input type="checkbox"/> Yellow Noble 2% Gold	<input type="checkbox"/> Post Core
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REMOVABLE APPLIANCES	<input type="checkbox"/> Cast Partial <input type="checkbox"/> TCS® Flexible Partial	<input type="checkbox"/> Denture <input type="checkbox"/> Valplast® Flexible Partial	<input type="checkbox"/> Custom Tray <input type="checkbox"/> Bite Block	<input type="checkbox"/> Set-up <input type="checkbox"/> Process	<input type="checkbox"/> Reline <input type="checkbox"/> Rebase
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BITE SPLINTS	<input type="checkbox"/> Clear Advantage Plus™	<input type="checkbox"/> Hard Bite Splints	<input type="checkbox"/> Sportsguard
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ADDITIONAL COMMENTS:



SECTION 48 of the Illinois Dental Practice Act requires;

(a) Any dentist who employs or engages the services of any dental laboratory to construct or repair, extraorally, prosthetic dentures, bridges, or other replacements for a part of a tooth, a tooth, or teeth, or who directs a dental laboratory to participate in shade selection for a prosthetic appliance, shall furnish such dental laboratory with a written prescription on forms prescribed by the Department which shall contain:

- (1) The name and address of the dental laboratory to which the prescription is directed.
- (2) The patient's name or identification number. If a number is used, the patient's name shall be written upon the duplicate copy of the prescription retained by the dentist.
- (3) The date on which the prescription was written.
- (4) A description of the work to be done, including diagrams if necessary.
- (5) A specification of the type and quality of materials to be used.
- (6) The signature of the dentist and the number of his or her license to practice dentistry.

(b) The dental laboratory receiving a prescription from a dentist shall retain the original prescription and the dentist shall retain a duplicate copy thereof for inspection at any reasonable time by the Department or its duly authorized agents, for a period of 3 years in both cases.

(c) If the dental laboratory receiving a written prescription from a dentist engages another dental laboratory (hereinafter referred to as "subcontractor") to perform some of the services relative to such prescription, it shall furnish a written order with respect thereto on forms prescribed by the Department which shall contain:

- (1) The name and address of the subcontractor.
- (2) A number identifying the order with the original prescription, which number shall be endorsed on the prescription received from the dentist.
- (3) The date on which the order was written.
- (4) A description of the work to be done by the subcontractor, including diagrams if necessary.
- (5) A specification of the type and quality of materials to be used.
- (6) The signature of an agent of the dental laboratory issuing the order. The subcontractor shall retain the order and the issuer thereof shall retain a duplicate copy, attached to the prescription received from the dentist, for inspection by the Department or its duly authorized agents, for a period of 3 years in both cases.
- (7) A copy of the order to the subcontractor shall be furnished to the dentist.

(c 5) Regardless of whether the dental laboratory manufactures the dental appliance or has it manufactured by a subcontractor, the laboratory shall provide to the prescribing dentist the (i) location where the work was done and (ii) source and original location where the materials were obtained.

(d) Any dentist who:

- (1) employs or engages the services of any dental laboratory to construct or repair, extraorally, prosthetic dentures, bridges, or other dental appliances without first providing such dental laboratory with a written prescription;
- (2) fails to retain a duplicate copy of the prescription for 3 years; or
- (3) refuses to allow the Department or its duly authorized agents to inspect his or her files of prescriptions;

is guilty of a Class A misdemeanor and the Department may revoke or suspend his or her license therefor.

(e) Any dental laboratory which:

- (1) furnishes such services to any dentist without first obtaining a written prescription therefor from such dentist;
- (2) acting as a subcontractor as described in (c) above, furnishes such services to any dental laboratory without first obtaining a written order from such dental laboratory;
- (3) fails to retain the original prescription or order, as the case may be, for 3 years;
- (4) refuses to allow the Department or its duly authorized agents to inspect its files of prescriptions or orders; or
- (5) fails to provide any information required under this Section to the prescribing dentist;

is guilty of a Class A misdemeanor.



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Doctor Signature _____

License # _____

Net amount of invoice is due within 20 days of statement date. All balances beyond 30 days are subject to a finance charge. Should your account balance become 60 days past due all cases will be sent COD. We accept Visa, MasterCard and Discover. If this account is referred for collection the client agrees to pay reasonable attorney's fees and collection costs.