

Dr. Name _____ Phone # _____

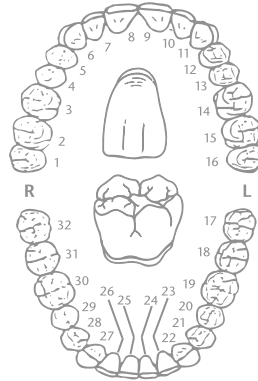
Account # _____ Patient ID/Name _____
First Last

Address _____

Email _____ Deliver by 5 p.m. on _____



TOOTH NUMBER



RESTORATION TYPE

- Crown Onlay Abutment
 Bridge Veneer

ALL-CERAMIC RESTORATIONS

- BruxZir Full-Strength* (> 1,000 MPa)
 NEW! BruxZir Esthetic (870 MPa)
(stump shade recommended for restorations less than 1.5 mm thick)
 IPS e.max
 Bilayered Clinical Zirconia

CUSTOM IMPLANT ABUTMENTS

Custom Implant Abutments

_____ | _____ mm
 Indicate implant system and diameter

- Titanium Abutment*
 Zirconia w/Ti-Base
 Prepare existing abutment

See reverse for implant systems supported

OCCUSAL STAINING

- None Light* Medium Dark

PARALLEL ABUTMENTS

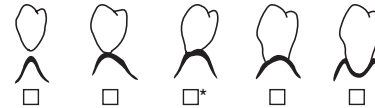
- No
 Yes (Indicate which abutments will have restorations splinted together for insertion.)

FINAL SHADE



Indicate Shade Here _____

PONTIC DESIGN



ABUTMENT MARGIN DESIGN



ENCLOSED WITH CASE

- Impressions Models Bite
 Photos Other _____

NOTE: Please send a study model on all work involving anterior teeth.

OBSIDIAN PFM

- Non-Precious* White Noble
 White High Noble

SCREW-RETAINED RESTORATIONS

- BruxZir Full-Strength* (w/ Ti-Base)
 NEW! BruxZir Esthetic (w/ Ti-Base)
 IPS e.max (w/ Ti-Base)

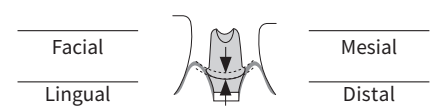
VIVANEER VENEER

- IPS e.max veneer Layered IPS e.max veneer
 NEW! BruxZir Esthetic veneer

PLAYSAFE MOUTHGUARDS

- Jr Lt Lt Pro Med*
 Hvy Hvy Pro
 Helmet Strap **(available in red or black)**
 Name _____
 Specify color(s) on Rx

ABUTMENT MARGIN DEPTH



If left blank, default values will be used.

*Standard unless specified otherwise

BITE SPLINTS/RETAINERS

- Upper Lower Clear-Lock Retainers
 NEW! Comfort3D (3D-printed, hard) Set of 2
 Comfort H/S (hard with soft relene) Set of 4
 _____ Set of 6

ABUTMENT EMERGENCE PROFILE



Signature _____

Submission of this Rx constitutes agreement with limited warranty terms and conditions. See reverse for details.

License # _____ Date _____

TERMS AND WARRANTY INFORMATION

We honor VISA, MASTERCARD, AMEX and DISCOVER.

TERMS: Cost of collection of any account will be paid by the customer. All accounts are payable within 30 days of statement date. Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance. Prices subject to change without notice. Rx must be enclosed with original case submission.

NO-FAULT REMAKE POLICY: DigiTech Dental Restorations is pleased to process all remakes or adjustments at no additional charge if requested within the warranty period and accompanied by the return of the original appliance.

LIMITED WARRANTY/LIMITATION OF LIABILITY. For warranty terms and conditions and limitation of liability, visit digitechlab.com/privacy-policy-warranty.



• BruxZir® Restorations



• Custom Abutments

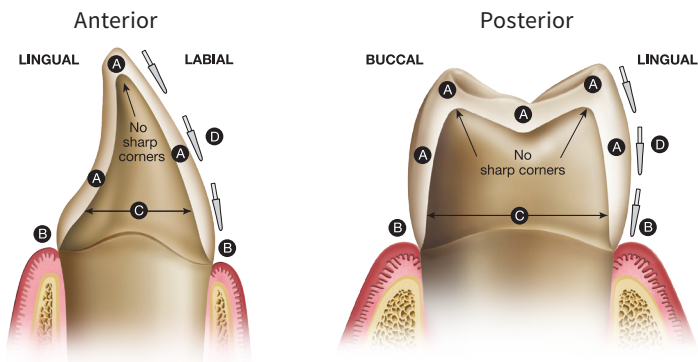


• All-Ceramic Restorations
• PFM Restorations



• Nightguards
• Bite Splints
• Mouthguards

PREPARATION GUIDELINES



BruxZir Esthetic

- 1.25 mm ideal reduction (0.7 mm minimum)
- Chamfer or modified shoulder margins preferred
- Axial walls must be convergent (avoid undercuts)
- Preparation should be cut in three planes
- To achieve optimal impression quality, gingival retraction is necessary for preparations with subgingival or equigingival margins

BruxZir Full-Strength

- 1.0 mm ideal reduction (0.5 mm minimum)
- Chamfer or shoulder margins preferred. Feather-edge OK
- Axial walls must be convergent (avoid undercuts)
- Preparation should be cut in three planes
- To achieve optimal impression quality, gingival retraction is necessary for preparations with subgingival or equigingival margins

FLAT-RATE PRICE ON CUSTOM ABUTMENTS AND SCREW-RETAINED CROWNS IS AVAILABLE FOR THE FOLLOWING IMPLANT SYSTEMS

BIOMET 3i™
Certain®

CAMLOG®
SCREW-LINE

DENTSPLY Implants
ANKYLOS® C/X
ASTRA TECH Implant System®
ASTRA TECH Implant System® EV

Glidewell Direct
Hahn™ Tapered Implant System
Inclusive® Tapered Implant System

HIOSSEN®
HG System

MegaGen
AnyRidge® Implant System

Nobel Biocare
Brånemark System® RP
NobelActive®
NobelReplace®

Straumann®
Bone Level
Tissue Level

Zimmer Dental
Screw-Vent®

Restorations for the implant systems above are fabricated using components manufactured by PrismaTik Dentalcraft, Inc. Prices may vary for other implant systems due to the need for original equipment manufacturer (OEM) components. Inclusive is a registered trademark of PrismaTik Dentalcraft, Inc. Hahn Tapered Implant is a trademark of PrismaTik Dentalcraft, Inc. All other trademarks are property of their respective owners.

All rush cases must be prescheduled by calling **888-336-1301** before the case is shipped.
Time of pickup and delivery may affect turnaround time.

