

• BRUXZIR FULL-ARCH IMPLANT PROSTHESIS Rx •



8880 NW 20th St. ■ Ste. C ■ Doral, FL 33172

888-336-1301 ■ Fax 888-336-6006 ■ www.digitechlab.com

Dr. Name _____ Phone # _____

Account # _____ Patient Name _____
(First) (Last)

Address/Email _____ Deliver by 5 p.m. on _____ [See Reverse For Working Times](#)

Enclosed with case: Impressions Models Bite Photos Other: _____

- BruxZir Solid Zirconia Full-Arch Implant Prosthesis** (Precision-milled solid zirconia with tooth and gingival tissue shade)
 Includes Full-Arch Implant Provisional Prosthesis (Precision-milled PMMA Provisional with tooth and gingival tissue shade)
- Tooth Setup:** Ideal Characterized Copy study model Copy existing denture Male Female Age _____
- Tissue Shade:** G1 (standard) **Tissue Shade Ethnic:** G3 (Med) G4 (Dk)

Rx

Upper Lower

Tooth Shade _____

Implant System _____

Implant Diameter _____ mm

- Bite block
- Diagnostic setup
- Setup try-in
- Implant verification jig
- Custom tray
- Reset
- Provisional Prosthesis
- Final BruxZir Prosthesis

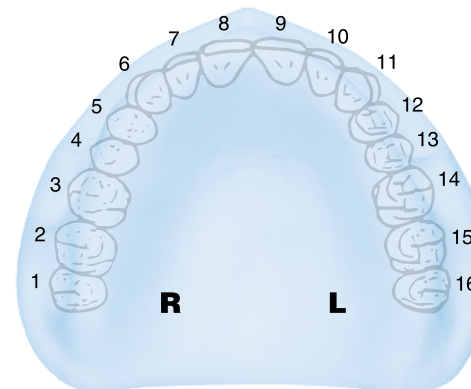
(see reverse for compatible implant systems and limited warranty details)



All Restorations
Made in the USA

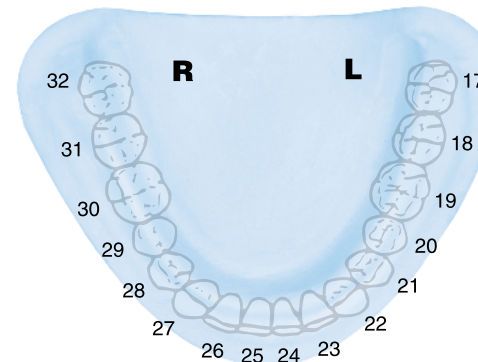
Signature _____ License # _____

*** PLEASE COMPLETE THIS SECTION ***
(A-P Spread is 1.5 x A.P) First molar occlusion



Distance between anterior and posterior implants: _____ mm

Upper AP spread x 1.5 mm: _____ mm



Distance between anterior and posterior implants: _____ mm

Lower AP spread x 1.5 mm: _____ mm

LABORATORY USE ONLY

By _____ Mail _____

TERMS AND WARRANTY INFORMATION

Only \$7 shipping per box EACH way
(contiguous U.S. only; shipping charge varies for Alaska, Hawaii and Puerto Rico).

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.

LIMITED WARRANTY/LIMITATION OF LIABILITY. DigiTech Dental Restorations (“the lab”) warrants that all dental devices (a “device”) are made according to your specification and approval in the belief that the device will be useful and **MAKES NO OTHER WARRANTIES INCLUDING, BUT NOT LIMITED TO, ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.** Subject to the return of a device that is placed and then fails, the lab will repair or replace the device without charge for the cost of materials and workmanship or refund the original price paid, at the lab’s option, as follows: (1) screw-retained implant abutments up to 20 years (including replacement of a device that was made by the lab that was attached to said abutments and including an Inclusive® Tapered titanium dental implant upon request at no extra charge); (2) other all ceramic (including screw-retained zirconia crowns), up to seven years; (3) thermoformed appliances and splints if the failure is due to defects in materials or workmanship, up to six months; and, all other dental devices up to 30 days if the failure is due to defects in materials or workmanship. This Warranty is exclusively for your benefit, is not transferable and does not extend to any patients. You agree to pay all other costs of adjustment, repair and replacement of a device. Except where prohibited by law, the lab **WILL NOT BE LIABLE FOR ANY LOSS OR DAMAGES ARISING FROM THE USE OF A DEVICE, WHETHER DIRECT, INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL,** regardless of the theory asserted, including warranty, contract, negligence or strict liability and if such disclaimer is not permitted by law, the duration of any implied warranty is limited to 90 days from the date of delivery. In the event of a dispute and absent an amicable resolution the parties mutually agree to waive class actions in favor of mandatory individual arbitration of claims under this limited warranty in and in accordance with the laws of Florida. The lab does not guarantee the performance of independent carriers.

IMPLANT WORKING TIMES

Working times vary; please call lab
for more information.

THE BRUXZIR® FULL-ARCH IMPLANT PROSTHESIS IS COMPATIBLE WITH THE FOLLOWING IMPLANT SYSTEMS

BIOMET 3i™
Certain®

CAMLOG®
SCREW-LINE

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

Glidewell Direct
Inclusive® Tapered
Implant System

Keystone Dental
PrimaConnex®

Neoss®
Neoss®

Nobel Biocare
Brånemark System® RP
NobelActive®
NobelReplace®

Straumann®
Bone Level
Tissue Level

Zimmer Dental
Screw-Vent®

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