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 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: \_\_\_\_\_

**WEB R<sub>x</sub>**

**BruxZir Solid Zirconia Full-Arch Implant Prosthesis<sup>†</sup>**  
*(7-year warranty)*

*(Precision-milled solid zirconia with tooth and gingival tissue shade.  
**Note:** Complete service includes PMMA implant provisional; a duplicate PMMA provisional can be purchased for an extra fee.)*

**PMMA Implant Provisional**  
*(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**

- G0 (Light)  G1 (Standard)  
 G3 (med)  G4 (Dk)  
 Upper  Lower  
 Tooth Shade \_\_\_\_\_

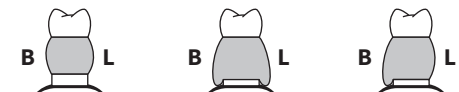
Implant System \_\_\_\_\_  
 Implant Diameter \_\_\_\_\_ mm

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Bite block               | ⋮ | <input type="checkbox"/> Custom tray              |
| <input type="checkbox"/> Diagnostic setup         | ⋮ | <input type="checkbox"/> Reset                    |
| <input type="checkbox"/> Setup try-in             | ⋮ | <input type="checkbox"/> Provisional prosthesis   |
| <input type="checkbox"/> Implant verification jig | ⋮ | <input type="checkbox"/> Final BruxZir prosthesis |
- (see reverse for compatible implant systems and limited warranty details)*

**ACCESS HOLES ON FACIAL**

- Call doctor  No call needed  
 Provide angle correcting abutments *(Extra charge applies)*

**TISSUE ADAPTATION DESIGN**



- Cover exposed implant  Provide floss space

<sup>†</sup>Price does not include multi-unit abutments and may vary when original equipment manufacturer (OEM) components are requested or required for the chosen implant system. Half of payment is due after first appointment; half is due at final delivery.

Signature \_\_\_\_\_

(see reverse for limited warranty details)

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

**We honor VISA, MASTERCARD, AMEX and DISCOVER.**  
**All cases returned via courier service.**



**TERMS:** 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.

**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**  
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

**Sweden &  
Martina**  
Premium  
Shelta

**Zimmer**  
**Dental**  
Screw-Vent®

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. Prices vary for Sweden & Martina.

**Please allow full working time for each product selected. Working times are NOT guaranteed and do NOT include weekends or holidays.**

BruxZir Full-Arch Implant Prosthesis  
Working times vary; please call lab for more information.

**To schedule an in-office case pickup, call:**

**888-336-1301**