

Dr. Name _____ Phone # _____

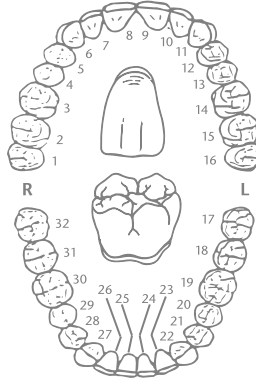
Account # _____ Patient ID/Name _____
First Last

Address _____

Email _____ Deliver by 5 p.m. on _____



TOOTH NUMBER



RESTORATION TYPE

- Crown Onlay Abutment
 Bridge Veneer

ALL-CERAMIC RESTORATIONS

- BruxZir Full-Strength* (1,150 MPa)
 NEW! BruxZir Esthetic (870 MPa)
 (stump shade recommended for restorations less than 1.5 mm thick)
 IPS e.max
 Bilayered Clinical Zirconia

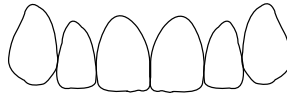
CUSTOM IMPLANT ABUTMENTS

Custom Implant Abutments
 _____ | _____ mm
 Indicate implant system and diameter
 Titanium Abutment*
 Zirconia w/Ti-Base
 Prepare existing abutment
See reverse for implant systems supported

PARALLEL ABUTMENTS

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

FINAL SHADE



Indicate Shade Here _____

OCCUSAL STAINING

- None Light* Medium Dark

PONTIC DESIGN



*Standard unless specified otherwise

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)

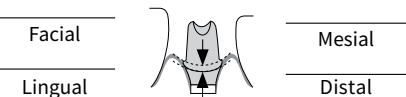
VIVANEER VENEER

- 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.

NIGHTGUARDS/BITE SPLINTS

- Upper Lower Clear-Lock Retainers
 Comfort H/S Bite Set of 2
 Splint (hard, with Set of 4
 soft reline) Set of 6

ABUTMENT EMERGENCE PROFILE



- Surgical placement
 Tissue displacement*
 No tissue displacement

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

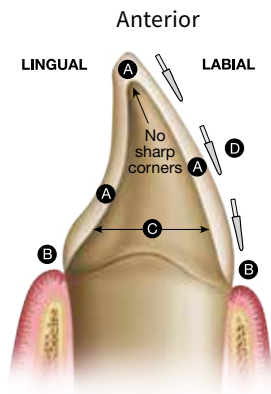


• All-Ceramic Restorations
• PFM Restorations



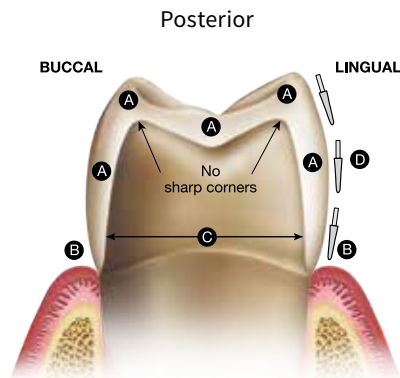
• Nightguards
• Bite Splints
• Mouthguards

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

CUSTOM ABUTMENTS AND SCREW-RETAINED CROWNS ARE COMPATIBLE WITH THE FOLLOWING IMPLANT SYSTEMS

BIOMET 3i™ Certain®*	CAMLOG® SCREW-LINE*	Dentium Implantium®† SimpleLine® II† SuperLine®†	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*	Keystone Dental PrimaConnex®†	MegaGen AnyRidge® Implant System*
Neoss® Neoss® Implant System†	Nobel Biocare Brånemark System® RP* NobelActive®** NobelReplace®**	Straumann® Bone Level* Tissue Level*	Sweden & Martina Premium† Shelta†
			Zimmer Dental Screw-Vent®**

**Manufactured using Inclusive® components. †Manufactured using original equipment manufacturer (OEM) components. Inclusive is a registered trademark of PrismaTek Dentalcraft, Inc. Hahn Tapered Implant is a trademark of PrismaTek Dentalcraft, Inc. All other trademarks are property of their respective owners. For Dentium implant systems, only titanium custom abutments are available.*

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.



**All Restorations
Made in the USA**