

Dr. Name _____ Acct. # _____

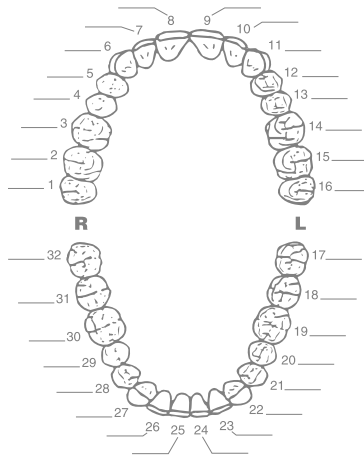
Patient ID/Name _____ Male Female Age _____
First Last

Email _____ Deliver by 5 p.m. on _____ Call before starting case



Indicate implant system
 (See reverse for flat-rate pricing info)

Indicate diameter below



Signature _____

License # _____ Date _____

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

SHADE INSTRUCTIONS

Tooth No. _____

Final Shade _____

Occlusal Staining: Light** Med
 Dark None

**SELECT ABUTMENT TYPE
 CUSTOM ABUTMENTS**

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

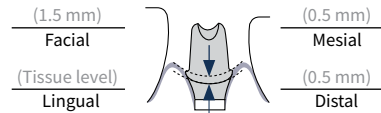
SCREW-RETAINED RESTORATIONS

- BruxZir Full-Strength** (1,150 MPa) (w/ Ti-Base)
- NEW!** BruxZir Esthetic (870 MPa) (w/ Ti-Base)
- IPS e.max (w/ Ti-Base)

PARALLEL ABUTMENTS

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

ABUTMENT MARGIN DEPTH



If left blank, default values will be used.

ABUTMENT EMERGENCE PROFILE

- Surgical placement
- Tissue displacement**
- No tissue displacement

SELECT RESTORATION TYPE

Bridge Crown Splinted Crowns

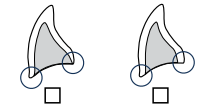
CEMENT-RETAINED RESTORATIONS

- BruxZir Full-Strength** (1,150 MPa)
- NEW!** BruxZir Esthetic (870 MPa)
- IPS e.max Bilayered Clinical Zirconia

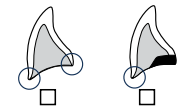
CONTOUR AND OCCLUSION DESIGN

- Embrasures: Open Closed**
- Occlusion: Heavy Light**
- Contacts: Pinpoint Light
 Broad & Tight**

RESTORATION MARGIN DESIGN

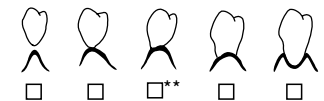


Labial Butt 360° Butt



Junction** Junction

RESTORATION PONTIC DESIGN



IF NO OCCLUSAL CLEARANCE

- Call doctor Spot opposing
- Make this a permanent note in my master file

**Standard unless specified otherwise

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

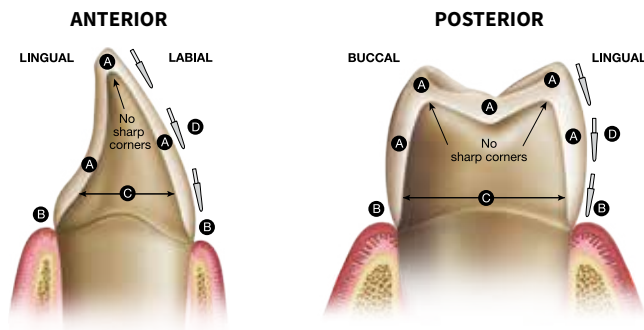


• Custom Abutments



• All-Ceramic Restorations

PREPARATION GUIDELINES



BRUXZIR ESTHETIC

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

BRUXZIR FULL-STRENGTH

- A. 1.0 mm ideal reduction (0.5 mm minimum)
- B. Chamfer or shoulder margins preferred. Feather-edge OK
- C. Axial walls must be convergent (avoid undercuts)
- D. Preparation should be cut in three planes
- E. 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

HIOSSSEN®
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.

