



DENTAL RESTORATIONS

8880 NW 20th St., Suite C • Doral, FL 33172
888-336-1301 • Fax 888-336-6006
digitechlab.com

Dr. Name _____ Phone # _____

Account # _____ Patient ID/Name _____
First Last

Email _____ Deliver by 5 p.m. on _____

Enclosed with case: Impressions Models Bite Photos Other: _____

WEB Rx

IMPLANT INFORMATION

Table with 3 columns: Tooth #, Diameter (mm), Implant System. Includes 6 rows for data entry.

Upper Lower

Tooth Shade _____

Gingival Shade _____

STAGE OF SERVICE NEEDED:

- Wax rim
 Implant verification jig (IVJ)
 Wax setup
 Reset
 Provisional implant prosthesis
 Final BruxZir prosthesis

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

BruxZir Implant Prosthesis*

- Lifetime warranty
• Precision-milled solid zirconia with tooth and gingival tissue shade.

(Note: Complete service includes provisional implant prosthesis; a duplicate provisional can be purchased for an extra fee.)

Provisional Implant Prosthesis

- Provisional with tooth and gingival tissue shade.

Tooth Setup: Ideal Characterized

Copy study model Copy existing denture

Add lip support

Male Female Age: _____

Tissue Shade: G0 (Light) G1 (Standard)

G3 (Med) G4 (Dk)

TISSUE SURFACE DESIGN



Convex (standard)



Modified convex

Cover exposed implant

Provide floss space

Signature _____

License # _____ Date _____

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

*Flat-rate pricing is available for most major implant systems (see reverse) and covers all appointments, parts, materials and labor. For complete service, half of payment is due after first appointment; half is due at final delivery.

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

FLAT-RATE PRICE ON THE BRUXZIR® IMPLANT PROSTHESIS IS AVAILABLE FOR 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

HIOSEN®
HG System

MegaGen
AnyRidge®
Implant System

Nobel Biocare
Brånemark System RP
NobelActive
NobelReplace

Straumann®
Bone 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.

