



DENTAL RESTORATIONS

8880 NW 20th St., Suite C • Doral, FL 33172

888-336-1301 • Fax 888-336-6006

digitechlab.com

Dr. Name _____ Phone # _____

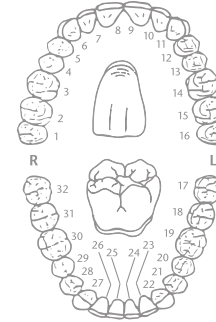
Account # _____ Patient ID/Name _____
First Last

Address _____

Email _____ Deliver by 5 p.m. on _____

Enclosed with case: Impressions Models Bite Registration Photos Other: _____

WEB Rx



FINAL SHADE



Indicate Shade Here

PRESENT TOOTH OR STUMP SHADE



Indicate Shade Here

Signature _____ License # _____ Date _____

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

DENTURES/FLIPPERS/FLEXIBLE PARTIALS

- | | | |
|---|--|---------------------------------------|
| Denture | Partial | Select Phase |
| <input type="checkbox"/> Handcrafted | <input type="checkbox"/> Flipper | <input type="checkbox"/> Custom tray |
| <input type="checkbox"/> Digital (3D-printed) | <input type="checkbox"/> Valplast | <input type="checkbox"/> Bite rim |
| <input type="checkbox"/> Immediate | <input type="checkbox"/> tcs | <input type="checkbox"/> Setup try-in |
| <input type="radio"/> 3D-printed | <input type="checkbox"/> DuraFlex | <input type="checkbox"/> Finish |
| <input type="radio"/> Handcrafted | <input type="checkbox"/> Digital Teeth Shade _____ Mould _____ | |
| <input type="checkbox"/> Copy (3D-printed) | <input type="checkbox"/> Kenson Teeth (Standard) | |
| | Shade _____ Mould _____ | |
| | <input type="checkbox"/> Premium Brand Teeth (extra charge) | |
| | Shade _____ Brand _____ Mould _____ | |

- Tooth Setup**
- | | | |
|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Ideal | <input type="checkbox"/> Characterized | <input type="checkbox"/> Study model |
| <input type="checkbox"/> Masculine | <input type="checkbox"/> Feminine | <input type="checkbox"/> Age _____ |

- | | |
|----------------------------------|--|
| Gingival Shade | Flexible Partial Shade |
| <input type="checkbox"/> Std. G1 | <input type="checkbox"/> Lt. Pink |
| <input type="checkbox"/> Med. G3 | <input type="checkbox"/> Std. |
| <input type="checkbox"/> Dark G4 | <input type="checkbox"/> Lt./Dark Pink |
| | <input type="checkbox"/> Dark Pink |

PARTIALS WITH CROWNS

- Fabricate RPD to fit restoration
- Future RPD
 - SLM-printed cobalt chrome frame
 - Valplast
 - Attachments
- Obsidian Non-Precious
- Obsidian Noble
- BruxZir Full-Strength* (> 1,000 MPa)
- BruxZir Esthetic (870 MPa)

SIMPLY NATURAL METAL PARTIALS

Metal frame with acrylic and Kenson teeth

- | | |
|---|---|
| Frame Material | Phase |
| <input type="checkbox"/> SLM-printed cobalt chrome frame | <input type="checkbox"/> Metal frame try-in |
| Esthetic Clasp Material | <input type="checkbox"/> Printed frame try-in |
| (extra charge applies) | <input type="checkbox"/> Frame w/occlus. rim |
| <input type="checkbox"/> Valplast/SLM-printed cobalt chrome frame | <input type="checkbox"/> Frame w/setup try-in |
| <input type="checkbox"/> tcs/SLM-printed cobalt chrome frame | <input type="checkbox"/> Finish |
| <input type="checkbox"/> Lab select complete design | <input type="checkbox"/> Scan/Save File |
| | (extra charge applies) |

- CAD/CAM-milled acetal partial
- Color: _____

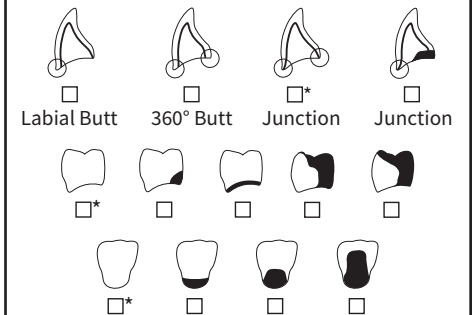
OCCUSAL STAINING

- None Light* Medium Dark

PONTIC DESIGN



MARGIN AND METAL DESIGN



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.

PREPARATION GUIDELINES

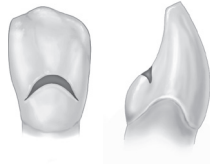
Rest Preparations

Occlusal Rest



1/3 width of faciolingual,
1/2 width of cusp tips

Inverted V Rest



Guide Plane



Rest depth at least 1 mm

Channel Rest



Retentive Prep



Interproximal Preparation



Occlusal rests only

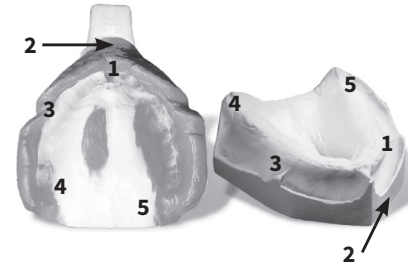


Rests with
buccal/lingual access

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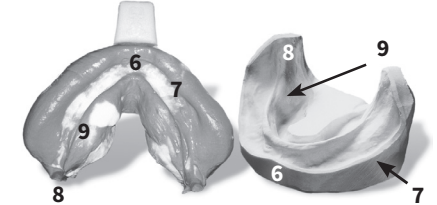
Impressions/Model

Maxillary Arch



1. Incisive papilla
2. Labial frenum
3. Buccal frenum
4. Maxillary tuberosity
5. Hamular notch

Mandibular Arch



6. Labial frenum
7. Buccal frenum
8. Retromolar pad
9. Mylohyoid ridge

Recommended Impression Materials:

- Vinyl polysiloxane (Capture®, Imprint™, Take 1™, Aquasil, Splash!®, etc.) – light, regular or monophasic viscosities recommended
- Polyether (Impregum™, Permadyne™)

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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**