

Dr. Name		Phone #		
Account #	Patient ID/Name	First	Last	
Address				
Email		_ Deliver by 5 p.m. on		

8880 NW 2	DENTAL RESTORATION 20th St., Suite C • Dora 36-1301 • Fax 888-33 digitechlab.com	al, FL 33172	Address	Patient ID/Name	First	Last
R _x	Implant Information Tooth #	Diameter / Platform mm mm mm mm mm		Gingival Shade G00 (Lightest) G0 (Light) G1 (Standard)	□ BruxZir Implant Prosth (Precision-milled solid zirconia wi NOTE: Complete service includes y duplicate provisional can be purc □ BruxZir Esthetic Implar (Precision-milled esthetic solid zirc NOTE: Complete service includes y duplicate provisional can be purch □ Add Titanium Bar (Addition □ Provisional Try-In Impla (Provisional with tooth and gingiva □ BruxZir Partial-Arch Implace of the provisional with tooth and gingiva □ BruxZir Full-Stren TISSUE SUI □ Convex (standard) □ Cover exposed implant	th tooth and gingival tissue shade. provisional try-in implant prosthesis; a hased for an extra fee.) Int Prosthesis' conia with tooth and gingival tissue shade. provisional try-in implant prosthesis; a pased for an extra fee.) Interpost hesis plant Prosthesis It issue shade) It issue shade) It issue shade) It is BruxZir Esthetic RFACE DESIGN In Modified convex Provide floss space In the major implant systems (see reverse) and ials and labor. For complete service, half of
Signatur	re		(see re	everse for limited warranty details)		
License	#				_ Date	

DT-605265-010125 © 2025 DigiTech Dental Restorations

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.



IMPLANT WORKING TIMES

Please allow full working time for each product selected. If case includes both upper and lower arches, please allow double working time for case completion.

Working times are NOT quaranteed and do NOT include weekends or holidays.

BruxZir° Implant Prosthesis	<u>Days in Lab</u>
Implant verification jig, custom tray and wax rim	9
Wax setup	5
Provisional try-in implant prosthesis	6
Final prosthesis	8

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
Glidewell HT™ Implant System
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

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.

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