

Dr. Name _____ Phone # _____

Acct. # _____ Patient ID/Name _____
First Last

Address/Email _____ Deliver by 5 p.m. on _____

Enclosed with Case: Impressions Models Bite Photos Other: _____

PROVISIONAL RESTORATIONS

BioTemps Provisionals
 Reinforcement: None Wire* Fiber
 Cast-Metal

Transition C&B Smile Transitions

Abutment #(s) _____
 Pontic #(s) _____ Total units _____

Splinted* Cement-On Implant
 Individual Units Screw-Retained Implant

Amount of prep reduction: 1 mm* 2 mm
 Perio treatment: Prepare tooth below gingival
 on tooth #(s) _____ by _____ mm
 Pontic site healing: Prepare ovate socket on tooth
 #(s) _____ by _____ mm

ZIRCONIA & ALL-CERAMIC RESTORATIONS

BruxZir Full-Strength** (>1,000 MPa) IPS e.max
 BruxZir Radiant (778 MPa) Bilayered Clinical Zirconia
 BruxZir Esthetic** (870 MPa)

VENEERS

BruxZir Esthetic veneer* IPS e.max veneer Layered IPS e.max veneer

PFM

Obsidian to Non-Precious* Obsidian to White Noble
 Obsidian to White High Noble Porcelain fused to OcclusalGold YHN

FULL-CAST RESTORATIONS

Noble-Cast 45 YN (40% Au) White Noble
 Noble-Cast 60 YHN (57.5% Au)* White High Noble (40% Au)
 Non-Precious Post & Core

SCREW-RETAINED RESTORATIONS

BruxZir Full-Strength* Obsidian to White Noble
 BruxZir Esthetic Obsidian to White High Noble
 IPS e.max Bilayered Clinical Zirconia

SCREWMENTABLE

(crown with screw-access hole cemented over custom abutment)
 BruxZir Full-Strength* IPS e.max BruxZir Esthetic

CUSTOM ABUTMENTS

Titanium* Gold-Tone Titanium Zirconia w/ Ti-Base
 BIOMET 3i Encode Gold Alloy Prepare existing abutment

FULL-ARCH IMPLANTS

BruxZir Full-Arch Implant Prosthesis Screw-Retained Hybrid Denture
 Full-Strength Esthetic Locator Overdenture

NIGHTGUARDS/RETAINERS/MIGRAINE PREVENTION

Upper Lower
 Buy 1 Buy 2 and save Scan/Save File

Comfort3D Comfort H/S* Soft nightguard
(3D-printed, hard) (clear, hard with soft reline) (buy 2 savings not available)

CLEARsplint (self-adjusting, hard) NTI-tss Plus NTI OmniSplint

Clear-Lock Retainers: Qty of 2 Qty of 4 Qty of 6



Clear ortho Hawley Essix Retainer (1 tooth)

PLAYSAFE MOUTHGUARDS

Jr Lt Lt Pro
 Med* Hvy Hvy Pro
 Helmet strap _____
Specify color(s) on Rx
Name: _____

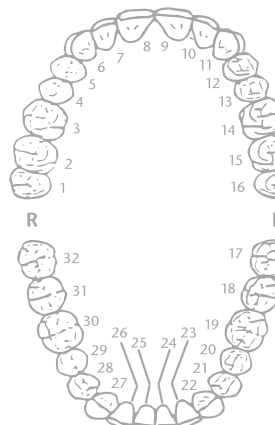
IF NO OCCLUSAL CLEARANCE

Call doctor Spot opposing Metal occlusion Metal island Make this a permanent note

<h4>STUMP SHADE</h4> 	<h4>OCCLUSAL STAINING</h4> <input type="checkbox"/> None <input type="checkbox"/> Light* <input type="checkbox"/> Medium <input type="checkbox"/> Dark	<h4>PONTIC DESIGN</h4> 
<h4>FINAL SHADE</h4>		

Rx Implant System _____
 (if applicable)

Implant Diameter _____ mm
 (See reverse for flat-rate pricing info)



DENTURES/FLIPPERS/FLEXIBLE PARTIALS

Denture	Partial	Select Phase
<input type="checkbox"/> Handcrafted Denture	<input type="checkbox"/> Flipper	<input type="checkbox"/> Custom tray
<input type="checkbox"/> Digital Denture	<input type="checkbox"/> Valplast	<input type="checkbox"/> Bite rim
<input type="checkbox"/> Immediate Digital Denture	<input type="checkbox"/> tcs	<input type="checkbox"/> Setup try-in
<input type="checkbox"/> Immediate Denture	<input type="checkbox"/> DuraFlex	<input type="checkbox"/> Finish
<input type="checkbox"/> Duplicate Digital Denture		
<input type="checkbox"/> Reference Digital Denture		

Digital Denture Teeth
 Shade _____ Mould _____

Select Teeth for Partial and Handcrafted Dentures

Kenson Teeth (Standard)
 Shade _____ Mould _____

Premium Brand Teeth (Extra Charge)
 Shade _____ Mould _____ Brand _____

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

SNORING/SLEEP APNEA APPLIANCES

Buy 1 Buy 2 and save Scan/Save File

Silent Nite 3D (digital impressions only) Silent Nite*

OASYS Hinge Appliance EMA flexTAP

dreamTAP TAP 3 TL

Signature _____

License _____ Date _____

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

**Standard unless specified otherwise. **BruxZir Esthetic is the standard for anterior restorations.
 BruxZir Full-Strength is the standard for posterior 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.



• BruxZir® Restorations



• Custom Abutments

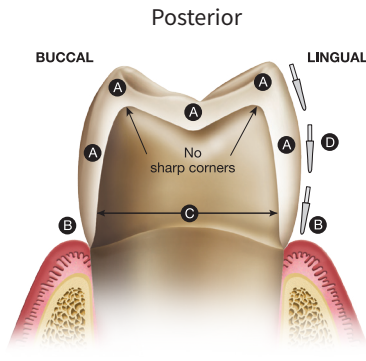
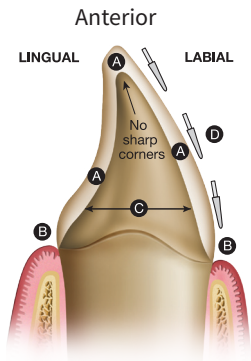


• All-Ceramic Restorations
• PFM Restorations



• Nightguards
• Bite Splints
• Mouthguards

PREPARATION GUIDELINES



BruxZir Esthetic and BruxZir Radiant

- 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

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

HIOSSEN®
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 Prismatic 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 Prismatic Dentalcraft, Inc. Hahn Tapered Implant is a trademark of Prismatic 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.



All Restorations
Made in the USA