Dr. Name ________________________________________ Phone # ________________________________________
Account # ________________________________________ Patient ID/Name _________________________________
Email _____________________________________________ Deliver by 5 p.m. on ________________________________

Enclosed with Case: ☐ Impressions ☐ Models ☐ Bite ☐ Photos ☐ Other: ________________________________

PROVISIONAL RESTORATIONS
☐ BioTemp Provisionsal
☐ BioTemp with Cast-Metal Substructure
☐ Transition C&B

Abutment #(s) ________________________________
Pontic #(s) ________________________________

☐ 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-CERAMICS
☐ BruxZir Full-Strength* (> 1,000 MPa)
☐ BruxZir Full-Strength Screw-Retained Crown w/Ti-Base
☐ BruxZir Esthetic (870 MPa) (stump shade recommended for restorations less than 1.5 mm thick)
☐ IPS e.max Press stained crown
☐ IPS e.max Press layered crown
☐ IPS e.max Press layered veneer
☐ Bilayered Clinical Zirconia

CUSTOM IMPLANT ABUTMENTS
☐ Titanium*
☐ Zirconia w/Ti-Base
☐ Prepare existing abutment

INCISAL SHAPE INSTRUCTIONS
☐ Shoulder for all-ceramic* ☐ Chamfer for BruxZir/PFM*

ABUTMENT MARGIN DESIGN

☐ Light* ☐ Med ☐ Dark ☐ None

PONTIC DESIGN

☐ Rounded ☐ Squared ☐ Pointed

INCISAL SHAPE INSTRUCTIONS

OCCLUSAL STAINING

☐ Titanium* ☐ Zirconia w/ Ti-Base

CUSTOM IMPLANT ABUTMENTS

☐ Upper ☐ Lower

☐ Comfort3D (3D-printed, hard)
☐ Comfort H/S* (hard with soft reline)
☐ CLEARsplint (self-adjusting, hard)

PLAYSAFE MOUTHGUARDS

☐ Jr ☐ Hvy
☐ Lt ☐ Hvy Pro
☐ Lt Pro ☐ Med*
☐ Helmet strap (+ $5)

BITE SPLINTS

☐ Non-Precious* ☐ White Noble
☐ White High Noble

OBSIDIAN PFM

☐ Non-Precious* ☐ White Noble
☐ White High Noble

FINAL CERAMIC SHADE

Tooth No. ________________________________
Stump Shade ________________________________
Final Shade ________________________________

SNORING/SLEEP APNEA APPLIANCES

☐ Silent Nite* ☐ EMA
☐ Buy 1 ☐ Buy 1
☐ Buy 2 and save ☐ Buy 2 and save

Signature____________________________________ Date ________________________________

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

License # ____________________________ Date ____________________________

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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: Las Vegas Digital Dental Solutions 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 lvddslab.com/policies-and-warranty.

TERMS AND WARRANTY INFORMATION

Please allow full working time for each product selected. Working times are NOT guaranteed and do NOT include weekends or holidays. We honor VISA, MASTERCARD, AMEX and DISCOVER.

CUSTOM ABUTMENTS

All rush cases must be prescheduled by calling 800-936-1848 before the case is shipped. Time of pickup may affect turnaround time.

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™
CAMLOG® SCREW-LINE
DENTSPLY Implants
ANKYLOS® C/X
ASTRA TECH Implant System®
ASTRA TECH Implant System® EV
MegaGen
AnyRidge® Implant System
Nobel Biocare
Brånemark System® RP
NobelActive®
NobelReplace®
Straumann®
Bone Level
Tissue Level
Zimmer Dental
Screw-Vent®

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