

Dr. Name _____ Phone # _____

Account # _____ Patient ID/Name _____

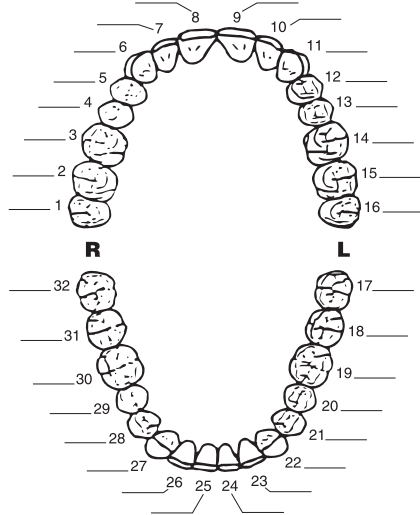
First Last

Email _____ Male Female Deliver by 5 p.m. on _____ See Reverse for Working Times

Enclosed with Case: Impressions Models Bite Photos Other: _____



IF IMPLANT CASE, PLEASE INDICATE SYSTEM AND DIAMETER



CUSTOM IMPLANT ABUTMENTS

- Titanium*
- Zirconia w/ Ti-Base
- Prepare existing abutment

ABUTMENT MARGIN DESIGN



PROVISIONAL RESTORATIONS

- BioTemps Provisionals
Reinforcement None Wire*
 Fiber
- BioTemps 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* (1,150 MPa)
- BruxZir Full-Strength Screw-Retained Crown w/Ti-Base
- NEW!** 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

OBSIDIAN PFM

- Non-Precious* White Noble
- White High Noble

FINAL CERAMIC SHADE

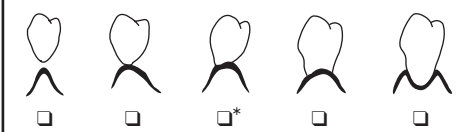


Tooth No. _____
Stump Shade _____
Final Shade _____

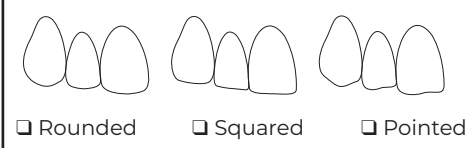
OCCUSAL STAINING

- Light* Med Dark None

PONTIC DESIGN



INCISAL SHAPE INSTRUCTIONS



THERMOFORMING

BITE SPLINTS

- Upper Lower
- Comfort H/S* (hard, with soft reline)
- CLEARsprint (self-adjusting, hard)

PLAYSAFE MOUTHGUARDS

- Jr Hvy
- Lt Hvy Pro
- Lt Pro
- Med*
- Helmet strap (+ \$5)
- Name _____
- Color _____

SNORING/SLEEP APNEA APPLIANCES

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

*Standard unless specified otherwise

Signature _____

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

License # _____ Date _____

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.

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.



• BruxZir® Restorations



• Custom Abutments



• All-Ceramic Restorations
• PFM Restorations



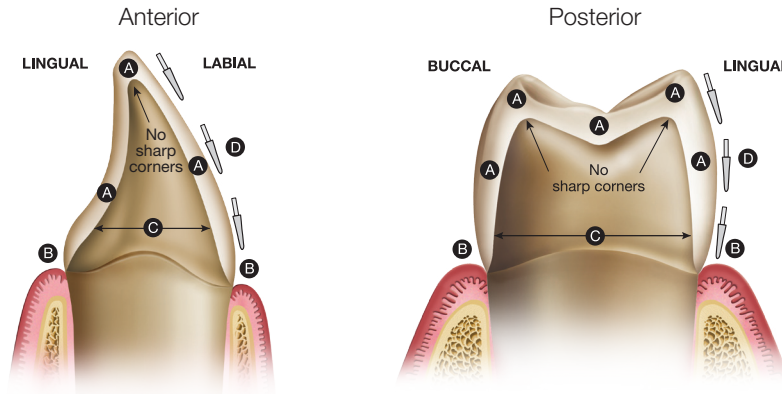
• Mandibular Advancement Devices
• Transition Crowns and Bridges®



• BioTemps® Provisionals
• Bite Splints
• Mouthguards and Nightguards

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™
Certain®

CAMLOC®
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.