

Dr. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Account # \_\_\_\_\_ Patient ID/Name \_\_\_\_\_

First Last

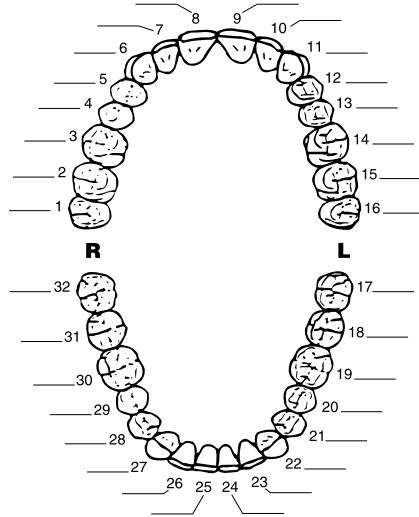
Email \_\_\_\_\_ Deliver by 5 p.m. on \_\_\_\_\_ See Reverse for Working Times

Enclosed with Case:  Impressions  Models  Bite  Photos  Other: \_\_\_\_\_



**IF IMPLANT CASE, PLEASE INDICATE SYSTEM AND DIAMETER**

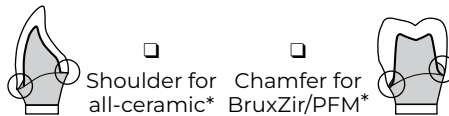
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**CUSTOM IMPLANT ABUTMENTS**

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

**ABUTMENT MARGIN DESIGN**



Shoulder for all-ceramic\* Chamfer for BruxZir/PFM\*

**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\* (> 1,000 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

**OBSIDIAN PFM**

- Non-Precious\*  White Noble
- White High Noble

**FINAL CERAMIC SHADE**



Tooth No. \_\_\_\_\_

Stump Shade \_\_\_\_\_

Final Shade \_\_\_\_\_

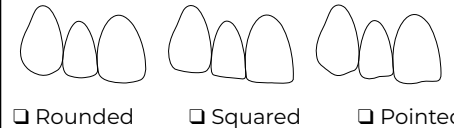
**OCCLUSAL STAINING**

- Light\*  Med  Dark  None

**PONTIC DESIGN**



**INCISAL SHAPE INSTRUCTIONS**



**BITE SPLINTS**

- Upper  Lower
- NEW!** Comfort3D (3D-printed, hard)
- 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](http://lvddslab.com/policies-and-warranty).



• BruxZir® Restorations



• Custom Abutments



• All-Ceramic Restorations  
• PFM Restorations



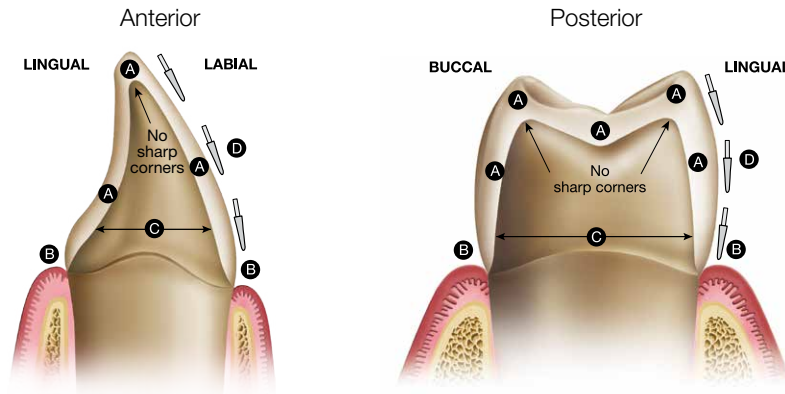
• Mandibular Advancement Devices  
• Transition Crowns and Bridges®



• 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®**

**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**

**HIOSEN®  
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 PrismaTik 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 PrismaTik Dentalcraft, Inc. Hahn Tapered Implant is a trademark of PrismaTik Dentalcraft, Inc. All other trademarks are property of their respective owners.*