

Dr. Name _____ Phone # _____

Acct. # _____ Email _____

Address _____ Deliver by 5 p.m. on [See Reverse for Working Times](#)

City/State/ZIP _____

Patient Name _____ Male Female Age _____

First _____

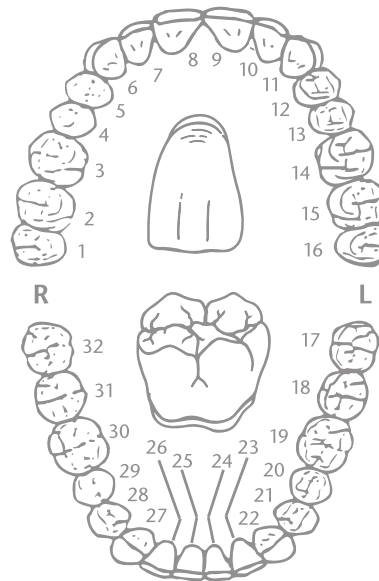
Last _____

Enclosed with Case: Impressions Models Bite Other: _____



NOTE: Please send a study model on all work involving anterior teeth.

TOOTH NUMBER



All restorations use **FDA-registered** dental alloys and ceramics.

U.S. Food and Drug Administration
Registration No. 3004749721

PLACE AIRBILL TRACKING STICKER HERE

IF NO OCCLUSAL CLEARANCE

- Call doctor Spot opposing
- Metal occlusion Metal island
- Make this a permanent note in my master file

ZIRCONIA

- BruxZir Full-Strength* (1,150 MPa)
- NEW!** BruxZir Esthetic (870 MPa)
(stump shade recommended for restorations less than 1.5 mm thick)
- Pacific Zirconia PrismaTik CZ
- Lava

VIVANEER VENEER

- Conventional-Prep: BruxZir Esthetic IPS e.max
- Minimal-Prep: IPS e.max

ALL-CERAMIC & COMPOSITE

- IPS e.max* Camouflage Composite

OBSIDIAN FUSED TO METAL

- Obsidian Fused to Non-Precious*
- Obsidian Fused to White Noble
- Obsidian Fused to White High Noble

PORCELAIN FUSED TO METAL

- Yellow High Noble Captek YHN

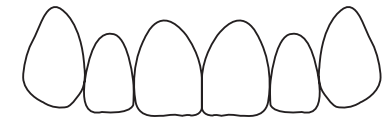
FULL-CAST

- Full-Cast 45 (YN) White Noble
- Full-Cast 60 (YHN)* Post & Core
- Full-Cast 80 (YHN)
- White High Noble (WHN)

BITE SPLINTS Upper Lower

- Comfort H/S Bite Splint*
- Comfort Bite Splint (hard)

SHADE INSTRUCTIONS



Tooth No. _____

Stump Shade _____

Final Shade _____

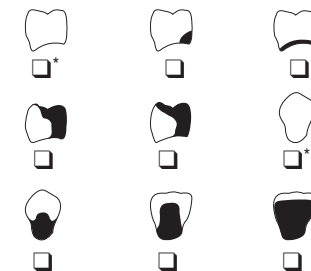
OCCLUSAL STAINING

- None Light* Medium Dark

PONTIC DESIGN



METAL DESIGN AND BUCCAL MARGIN



PACIFIC TEMPS

Abutment tooth #s _____

Pontic #s _____ Total units _____

- Splinted* Cement-on implant
- Individual units Screw-retained implant

Reinforcement: None Wire* Fiber
Amount of prep reduction: 1 mm* 2 mm

Signature _____ License # _____

(see reverse for limited warranty details)

*Standard unless specified otherwise

TERMS AND WARRANTY INFORMATION

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.

We honor VISA, MASTERCARD, AMEX and DISCOVER.

LIMITED WARRANTY/LIMITATION OF LIABILITY. Pacific Edge Dental Laboratories ("the lab") warrants that all dental devices (a "device") are made according to your specification and approval in the belief that the device will be useful and MAKES NO OTHER WARRANTIES INCLUDING, BUT NOT LIMITED TO, ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. Subject to the return of a device that is placed and then fails, the lab will repair or replace the device without charge for the cost of materials and workmanship or refund the original price paid, at the lab's option, as follows: (1) screw-retained implant abutments up to 20 years (including replacement of a device that was made by the lab that was attached to said abutments and including an Inclusive® Tapered titanium dental implant upon request at no extra charge); (2) porcelain to metal, all ceramic, all metal, single-unit inlay, onlay and crown composite resin final prosthetics, and screw-retained crowns and implant bars, up to seven years; (3) composite resin bridges (excluding Maryland and inlay/onlay bridges) up to five years; (4) thermoformed appliances and splints if the failure is due to defects in materials or workmanship, provisionals, composite resin Maryland and inlay/onlay bridges, up to six months; (5) all other dental devices up to 30 days if the failure is due to defects in materials or workmanship. This Warranty is exclusively for your benefit, is not transferable and does not extend to any patients. You agree to pay all other costs of adjustment, repair and replacement of a device. Except where prohibited by law, the lab WILL NOT BE LIABLE FOR ANY LOSS OR DAMAGES ARISING FROM THE USE OF A DEVICE, WHETHER DIRECT, INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL, regardless of the theory asserted, including warranty, contract, negligence or strict liability and if such disclaimer is not permitted by law, the duration of any implied warranty is limited to 90 days from the date of delivery. In the event of a dispute and absent an amicable resolution the parties mutually agree to waive class actions in favor of mandatory individual arbitration of claims under this limited warranty in and in accordance with the laws of California. The lab does not guarantee the performance of independent carriers.

IN-LAB WORKING TIMES

Please allow full working time for each product selected. Working times are NOT guaranteed and do NOT include weekends or holidays. Rush service available on most products and must be prescheduled (see below).

PFM's, All-Ceramics, Composites	7 days
Full-Cast	5 days
Preventive Appliances, Pacific Temps	5 days
Implant Restorations	7-10 days

All rush cases must be prescheduled.

Call **800-889-9323** before the case is shipped.

Time of pickup and delivery may affect turnaround time.

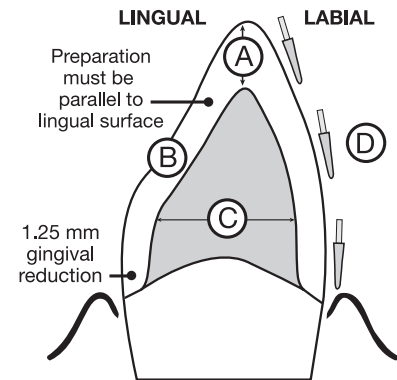
DENTISTS:

There is no charge for one inbound and one outbound shipment per case.

Additional shipments for die trims, try-ins and reshades to a new shade will incur additional fees.

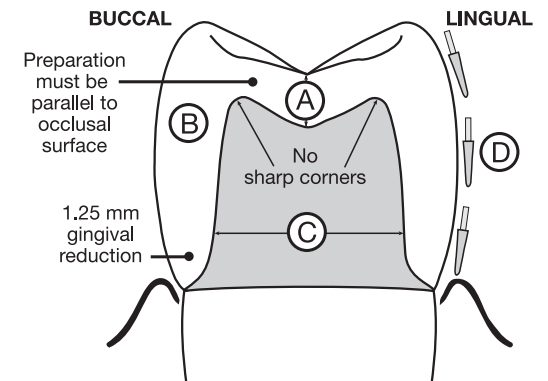
PREPARATION GUIDELINES

OBSIDIAN TO METAL ANTERIOR



- A. 2 mm incisal reduction
- B. 1.5 mm middle third reduction
- C. Labial and lingual walls must be convergent
- D. Preparation should be cut in three planes

OBSIDIAN TO METAL POSTERIOR



- A. 2 mm occlusal reduction
- B. 1.5 mm middle third reduction
- C. Buccal and lingual walls must be convergent
- D. Preparation should be cut in three planes