

Dr. Name _____ Phone # _____

Acct. # _____ Email _____

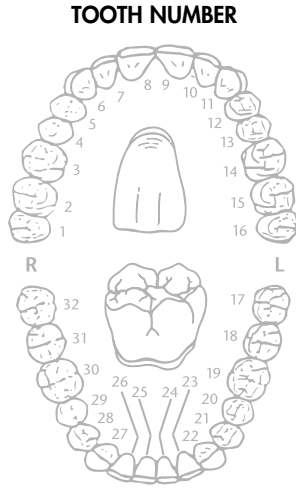
Address _____ City/State/ZIP _____ Deliver by 5 p.m. on _____

Patient ID/Name _____ First _____ Last _____ Male Female Age _____

Enclosed with Case: Impressions Models Bite Other: _____



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



PLACE AIRBILL TRACKING STICKER HERE

Signature _____

License # _____ Date _____

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

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 Bilayered Clinical Zirconia

VENEERS

NEW! BruxZir Esthetic IPS e.max

ALL-CERAMIC & COMPOSITE

IPS e.max* Composite

OBSIDIAN PFM

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

PORCELAIN FUSED TO METAL

Yellow High Noble

FULL-CAST

Full-Cast 45 (YN) Full-Cast 60 (YHN)*
 Non-Precious White Noble Post & Core

NIGHTGUARDS/BITE SPLINTS

Upper Lower

Comfort H/S (hard, with soft reline)
 PlaySafe Mouthguard
 Soft nightguard
 CLEARSplint or day guard (self-adjusting, hard)

IF NO OCCLUSAL CLEARANCE

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

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

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: Pacific Edge Dental Laboratories 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 pacifcedgelab.com/warranty-privacy-policy.



- **BruxZir® Restorations**



- **All-Ceramic Restorations**
- **PFM Restorations**
- **Full-Cast Restorations**



- **Nightguards**
- **Bite Splints**
- **Mouthguards**

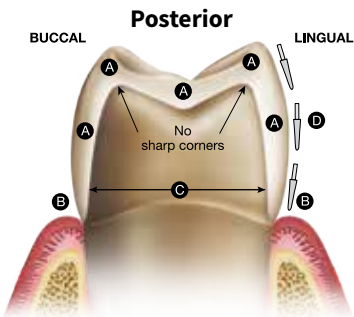
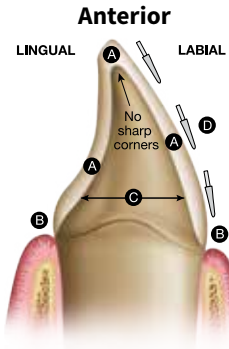
PREPARATION GUIDELINES

BruxZir Esthetic

- 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

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 Primatik 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 Primatik Dentalcraft, Inc. Hahn Tapered Implant is a trademark of Primatik Dentalcraft, Inc. All other trademarks are property of their respective owners.

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

All rush cases must be prescheduled. Call **800-889-9323** before the case is shipped. Time of pickup and delivery may affect turnaround time.