New West	Dr. Name Phone #		
Dental Ceramics	Acct. #	Patient Name	
2033 Swanson Ave. • Lake Havasu City, AZ 86403 800-321-1614 • Fax 855-250-2830 newwestlab.com		Deliver by 5	
R _x		SHADE INSTRUCTIONS	SELECT RESTORATION TYPE
		Tooth No	CEMENT-RETAINED RESTORATIONS
		Final Shade	O BruxZir Full-Strength (1,150 MPa)
		Occlusal Staining: O Light* O Med O Dark O None	O NEW! BruxZir Esthetic (870 MPa) (stump shade recommended for restorations less than 1.5 mm thick) O Obsidian Fused to White Noble
		CONTOUR AND OCCLUSION DESIGN Embrasures: O Closed * O Open Occlusion: O Heavy O Light *	O Obsidian Fused to White High Noble O Obsidian Fused to Non-Precious O IPS e.max O OcclusalGold YHN
		Contacts: O Broad & Tight* O Pinpoint O Light	SCREW-RETAINED RESTORATIONS
		SELECT ABUTMENT TYPE O Titanium* O Zirconia w/ Ti-Base O Gold O BIOMET 3i O Prepare existing abutment See reverse for implant systems supported	 O BruxZir Full-Strength (1,150 MPa) (w/ Ti-Base) O NEW! BruxZir Esthetic (870 MPa) (w/ Ti-Base) O Obsidian Fused to White Noble O Obsidian Fused to White High Noble O IPS e.max (w/ Ti-Base)
		PARALLEL ABUTMENTS	
		O No O Yes (Indicate which abutments will have restorations splinted together for insertion.)	
		ABUTMENT MARGIN DEPTH	X X X X X
Signature(see reverse for limited warranty details)	License #	Facial Mesial Lingual Distal	RESTORATION MARGIN DESIGN
Indicate implant system	Indicate diameter below	If left blank, default values will be used.	RESTORATION METAL DESIGN
	R L 32	ABUTMENT MARGIN DESIGN O Shoulder for all-ceramic* Chamfer for O PFM/BruxZir* ABUTMENT EMERGENCE PROFILE	
	29 20		IF NO OCCLUSAL CLEARANCE
$ \begin{array}{c} -2 \\ -1 \\ \mathbf{R} \\ \mathbf{R} \\ \mathbf{L} $	$ \begin{array}{c} 228 \\ $	O Surgical Placement Displacement* O No Tissue Displacement	O Call doctor O Spot opposing O Metal occlusion O Metal island O Make this a permanent note in my master file * Standard unless specified otherwise

IMPLANT WORKING TIMES

Please allow full working time for each product selected. Working times are <u>NOT</u> guaranteed and do <u>NOT</u> include weekends or holidays. Rush service available on most products but must be prescheduled.

Abutments and Crowns	<u>Days in Lab</u>
Zirconia crown over a single-stage implant abutment	5
Screw-retained BruxZir crown with titanium base	7
Custom implant abutment	5
Custom implant abutment with crown	10
Custom zirconia hybrid abutment with zirconia crown	10

All rush cases must be prescheduled by calling 800-321-1614 before the case is shipped. Time of pickup and delivery may affect turnaround time.

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.

LIMITED WARRANTY/LIMITATION OF LIABILITY. New West Dental Ceramics ("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 r

CUSTOM ABUTMENTS AND SCREW-RETAINED CROWNS ARE COMPATIBLE WITH THE FOLLOWING IMPLANT SYSTEMS



*Manufactured using Inclusive® components. ¹Manufactured using 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. For Dentium implant systems, only titanium custom abutments are available.