



Dr. Name _____ Phone # _____

Acct. # _____ Patient ID/Name _____
First Last

Address/Email _____ Deliver by 5 p.m. on _____

SHADE INSTRUCTIONS

Tooth No. _____

Final Shade _____

Occlusal Staining: Light* Med
 Dark None

CONTOUR AND OCCLUSION DESIGN

Embrasures: Closed* Open
Occlusion: Heavy Light*
Contacts: Broad & Tight* Pinpoint Light

SELECT ABUTMENT TYPE

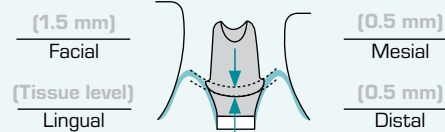
Titanium* Zirconia w/ Ti-Base Gold
 BIOMET 3i Prepare existing abutment

See reverse for implant systems supported

PARALLEL ABUTMENTS

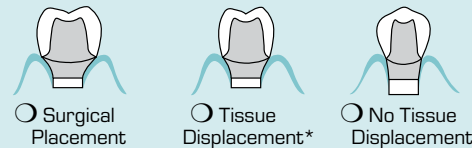
No
 Yes (Indicate which abutments will have restorations splinted together for insertion.)

ABUTMENT MARGIN DEPTH



If left blank, default values will be used.

ABUTMENT EMERGENCE PROFILE



SELECT RESTORATION TYPE

Crown Splinted Crowns Bridge

CEMENT-RETAINED RESTORATIONS

BruxZir Full-Strength (1,150 MPa)
 NEW! BruxZir Esthetic (870 MPa)
 Obsidian Fused to White Noble
 Obsidian Fused to White High Noble
 Obsidian Fused to Non-Precious
 IPS e.max

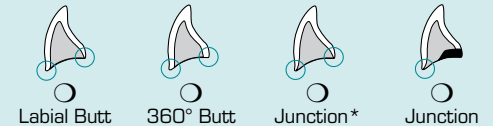
SCREW-RETAINED RESTORATIONS

BruxZir Full-Strength (1,150 MPa) (w/ Ti-Base)
 NEW! BruxZir Esthetic (870 MPa) (w/ Ti-Base)
 Obsidian Fused to White Noble
 Obsidian Fused to White High Noble
 IPS e.max (w/ Ti-Base)

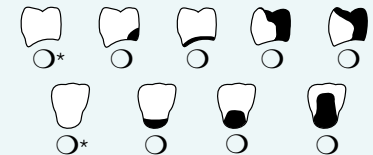
RESTORATION PONTIC DESIGN



RESTORATION MARGIN DESIGN



RESTORATION METAL DESIGN



IF NO OCCLUSAL CLEARANCE

Call doctor Spot opposing
 Metal occlusion Metal island
 Make this a permanent note in my master file
*Standard unless specified otherwise

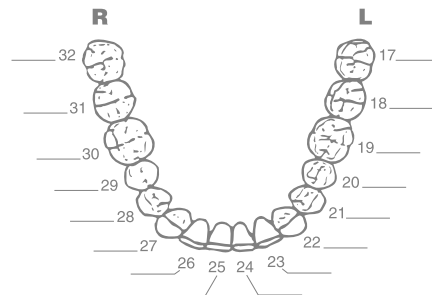
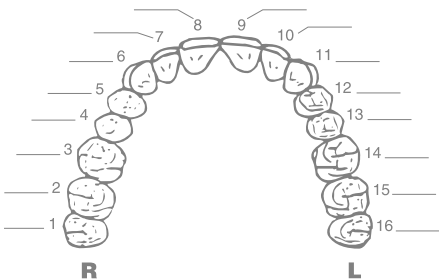
Signature _____

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

License # _____ Date _____

Indicate implant system _____

Indicate diameter below



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: New West 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 newwestlab.com/warranty.



• BruxZir® Restorations



• Custom Abutments



• All-Ceramic Restorations



All Restorations
Made in the USA

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.

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

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.