



New West Dental Ceramics

2033 Swanson Ave. • Lake Havasu City, AZ 86403

800-321-1614 • Fax 855-250-2830

Dr. Name _____ Phone # _____

Acct. # _____ Patient ID/Name _____
First Last

Email _____ Deliver by 5 p.m. on _____
MM/DD/YR

Enclosed with case: Impressions Models Bite Photos Other: _____

BruxZir Implant Prosthesis*

- Lifetime warranty
- Precision-milled solid zirconia with tooth and gingival tissue shade.

[Note: Complete service includes provisional try-in implant prosthesis; a duplicate provisional can be purchased for an extra fee.]

Provisional Try-In Implant Prosthesis

- Provisional with tooth and gingival tissue shade.

Tooth Setup:

- Ideal Characterized
- Copy study model Copy existing denture
- Add lip support
- Male Female Age: _____

Tissue Shade:

- G0 (Light) G1 (Standard)
- G3 (Med) G4 (Dk)

TISSUE SURFACE DESIGN



- Convex (standard) Modified convex
- Cover exposed implant Provide floss space

**Flat-rate pricing is available for most major implant systems (see reverse) and covers all appointments, parts, materials and labor. For complete service, half of payment is due after first appointment; half is due at final delivery.*



IMPLANT INFORMATION

Tooth #	Diameter/Platform mm	Implant System
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Upper Lower

Tooth Shade

STAGE OF SERVICE NEEDED:

- Wax rim
- Implant verification jig (IVJ)
- Wax setup
- Reset
- Provisional try-in implant prosthesis
- Final BruxZir prosthesis

Signature: _____ License #: _____ Date: _____

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

TERMS AND WARRANTY INFORMATION



All Restorations Made in the USA

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

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 THE BRUXZIR® IMPLANT PROSTHESIS IS AVAILABLE FOR THE FOLLOWING IMPLANT SYSTEMS

BIOMET 3i™
Certain®

CAMLOG®
SCREW-LINE

DENTSPLY Implants
ANKYLOS® C/X
ASTRA TECH Implant System®

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

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.