



New West Dental Ceramics

2033 Swanson Ave. ■ Lake Havasu City, AZ 86403
800-321-1614 ■ Fax 855-250-2830
newwestlab.com

Dr. Name _____ Phone # _____

Acct. # _____ Patient Name/ID _____
First Last

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

Enclosed with case: Impressions Models Bite Photos Other: _____

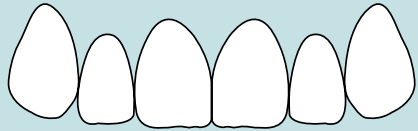
ALL-CERAMIC & COMPOSITE

- BruxZir Full-Strength* (1,150 MPa)
- NEW!** BruxZir Esthetic (870 MPa)
[stump shade recommended for restorations less than 1.5 mm thick]
- IPS e.max _____ Stump Shade
- Composite

PFM

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

SHADE INSTRUCTIONS



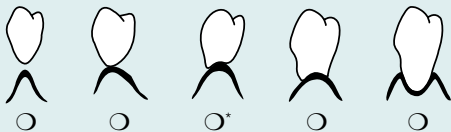
Final Shade _____ Indicate Shade Here

Stump Shade _____ Indicate Shade Here

Occlusal Staining:

- Light*
- Med
- Dark
- None

PONTIC DESIGN



NEW! SNORING & SLEEP APNEA DEVICES

- EMA
- TAP 3 TL
- dreamTAP

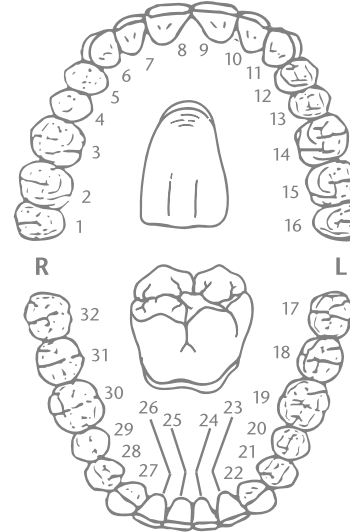
NEW! MIGRAINE PREVENTION

- NTI-tss Plus
- NTI OmniSplint



IF NO OCCLUSAL CLEARANCE

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



Signature _____

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

License # _____ Date _____

PROVISIONAL RESTORATIONS

- Transition Crowns & Bridges
Abutment #(s) _____
Pontic #(s) _____ Total units _____
- Splinted units* Individual units
- Cement-on implant
- Screw-retained implant
- BioTemps Provisionals
Reinforcement:
 None Wire* Fiber
- Perio treatment: Prepare tooth below gingival on tooth #(s) _____ by _____ mm
- Pontic site healing: Prepare ovate socket on tooth #(s) _____ by _____ mm

FULL-CAST

- Noble-Cast 60*
- Noble-Cast 45
- Non-Precious

CUSTOM ABUTMENTS

- Titanium*
 - Zirconia w/Ti-Base
 - Prepare existing abutment
- Implant System _____
Diameter _____
(See reverse for flat-rate pricing info)

BITE SPLINTS & NIGHTGUARDS

- Upper Lower
- Comfort H/S (hard, with soft reline)*
- Semi-hard EVA Soft EVA
- Bleach tray
- CLEARsplint or day guard
(self-adjusting, hard)
- Clear ortho retainer
- Essix retainer (one tooth)
- Clear-Lock Retainers
 Set of 2 Set of 4 Set of 6

PLAYSAFE MOUTHGUARDS

- Jr Lt Lt Pro
- Med Hvy Hvy Pro
- Helmet Strap
(available in red or black)
- Name _____
Specify color(s) on Rx

VENEERS

- NEW!** BruxZir Esthetic
- IPS e.max Layered IPS e.max

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



• Custom Abutments



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



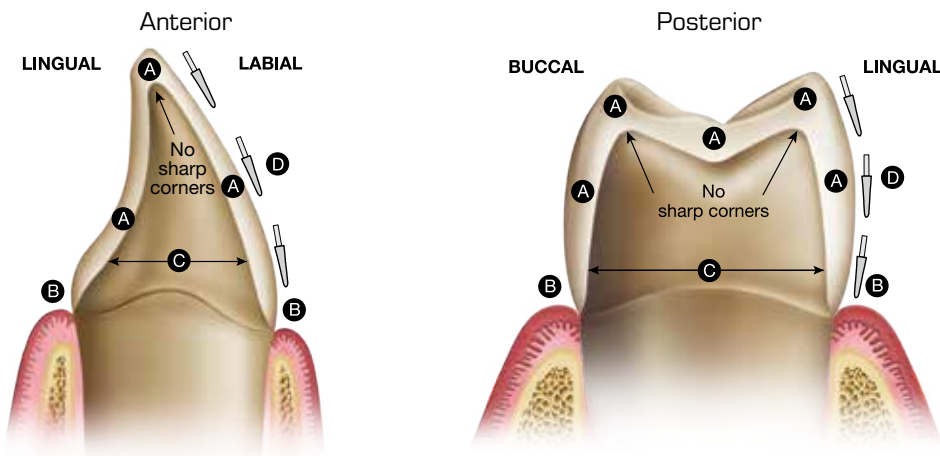
- Mandibular Advancement Devices



- Nightguards
- Bite Splints
- Mouthguards

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.

PREPARATION GUIDELINES



BruxZir Esthetic

- A. 1.25 mm ideal reduction (0.7 mm minimum)
- B. Chamfer or modified shoulder margins preferred
- C. Axial walls must be convergent (avoid undercuts)
- D. Preparation should be cut in three planes
- E. To achieve optimal impression quality, gingival retraction is necessary for preparations with subgingival or equigingival margins

BruxZir Full-Strength

- A. 1.0 mm ideal reduction (0.5 mm minimum)
- B. Chamfer or shoulder margins preferred. Feather-edge OK
- C. Axial walls must be convergent (avoid undercuts)
- D. Preparation should be cut in three planes
- E. 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

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