



# New West Dental Lab

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

## SPECIAL IPS E.MAX RX OFFER\*

- Carefully package your case, including this Rx, and tape box securely closed.
- To schedule shipping pickup, call us at **800-321-1614**.
- Send this Rx with your next IPS e.max case to **save \$30 per unit** (up to 3 units). List price is \$129 per unit, so you'll pay just \$99 per unit with this offer.

**OFFER EXPIRES DEC. 31, 2025**

*\*Price does not include round-trip shipping or applicable taxes. Limit one specially priced Rx per case. Web offer can only be used a maximum of four times per account. Special pricing not valid with any other offer.*

Dr. Name \_\_\_\_\_ Acct. # \_\_\_\_\_

Patient ID/Name \_\_\_\_\_ Age \_\_\_\_\_  
First Last

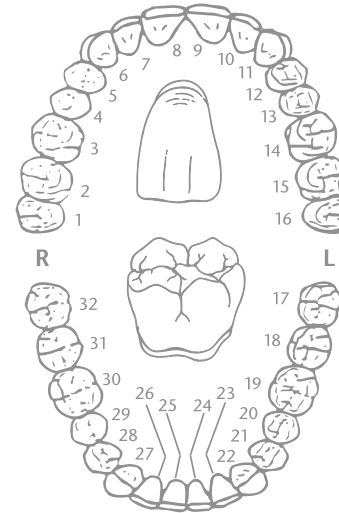
Enclosed with case:  Impressions  Models  Bite  Photos  Other: \_\_\_\_\_ **Deliver by 5 p.m. on** \_\_\_\_\_

## WEB Rx

IPS e.max

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

\$30 off IPS e.max



### FINAL CERAMIC SHADE



\_\_\_\_\_ Indicate Shade Here

### PRESENT TOOTH OR STUMP SHADE



\_\_\_\_\_ Indicate Shade Here

### OCCLUSAL STAINING

Light\*\*  Med  Dark  None

*\*\*Standard unless specified otherwise*

### INCISAL SHAPE INSTRUCTIONS



Rounded  Squared  Pointed

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.

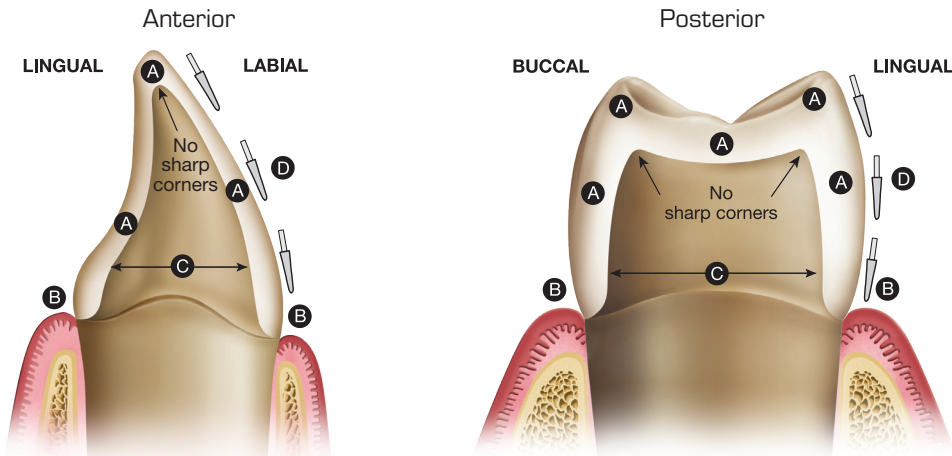
**LIMITED WARRANTY/LIMITATION OF LIABILITY.** For warranty terms and conditions and limitation of liability, visit [newwestlab.com/warranty](http://newwestlab.com/warranty).



• All-Ceramic 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.

## 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