

Dr. Name _____ Phone # _____

Acct. # _____ Patient ID/Name _____
First Last

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

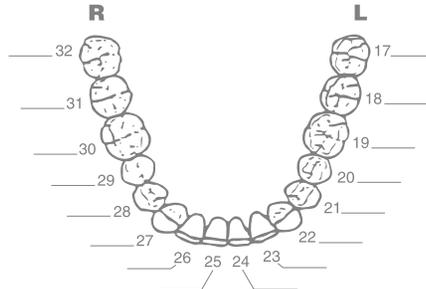
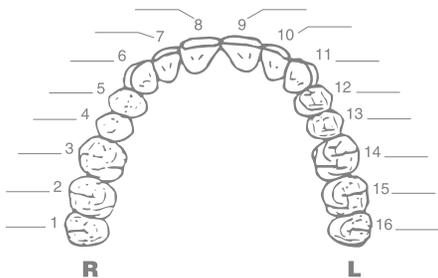
Rx

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



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

[1.5 mm] Facial **[0.5 mm]** Mesial
[Tissue level] Lingual **[0.5 mm]** Distal

If left blank, default values will be used.

ABUTMENT EMERGENCE PROFILE

Surgical Placement Tissue Displacement* No Tissue Displacement

SELECT RESTORATION TYPE

Crown Splinted Crowns Bridge

CEMENT-RETAINED RESTORATIONS

BruxZir Full-Strength (> 1,000 MPa)
 NEW! BruxZir Esthetic (> 900 MPa)
 Obsidian Fused to White Noble
 Obsidian Fused to White High Noble
 Obsidian Fused to Non-Precious
 IPS e.max

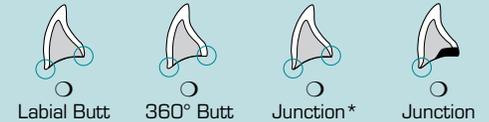
SCREW-RETAINED RESTORATIONS

BruxZir Full-Strength (> 1,000 MPa) (w/ Ti-Base)
 NEW! BruxZir Esthetic (> 900 MPa) (w/ Ti-Base)
 Obsidian Fused to White Noble
 Obsidian Fused to White High Noble
 IPS e.max (w/ Ti-Base)

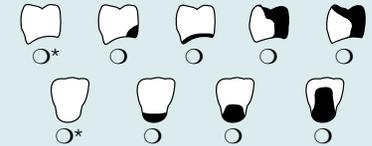
RESTORATION PONTIC DESIGN



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

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



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

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