



New West Dental Lab

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* (> 1,000 MPa)
- BruxZir Esthetic (870 MPa)
[stump shade recommended for restorations less than 1.5 mm thick]
- IPS e.max
- Camouflage

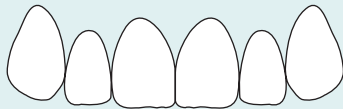
PFM

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

VENEERS

- BruxZir Esthetic
- IPS e.max
- Layered IPS e.max

SHADE INSTRUCTIONS



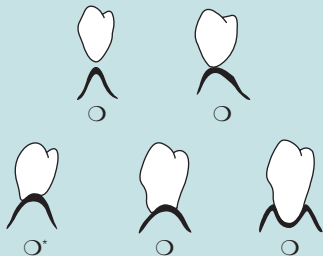
Final Shade Indicate Shade Here

Stump Shade Indicate Shade Here

Occlusal Staining:

- Light*
- Med
- Dark
- None

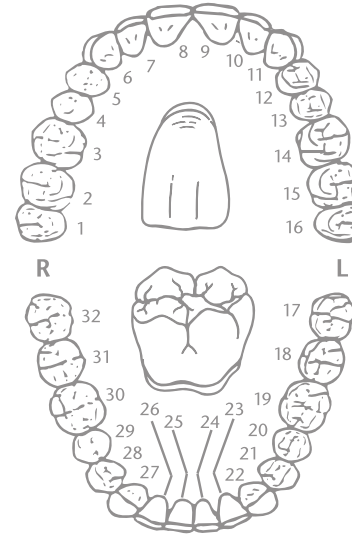
PONTIC DESIGN



Rx

IF NO OCCLUSAL CLEARANCE

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



CUSTOM ABUTMENTS

- Titanium*
- Zirconia w/Ti-Base
- Gold
- Prepare existing abutment
- Implant System _____
- Diameter _____

(See reverse for flat-rate pricing info)

SCREW-RETAINED RESTORATIONS

- BruxZir Full-Strength (w/Ti-Base)
- BruxZir Esthetic (w/Ti-Base)
- Obsidian Fused to White Noble
- Obsidian Fused to White High Noble
- IPS e.max

SNORING & SLEEP APNEA DEVICES

- EMA
- TAP 3 TL
- dreamTAP
- Silent Nite
- NEW!** Silent Nite 3D (digital impressions only)

MIGRAINE PREVENTION

- NTHtss Plus
- Upper
- Lower
- NTI OmniSplint

BITE SPLINTS & NIGHTGUARDS

- Upper
- Lower
- NEW!** Comfort3D (3D-printed, hard)
- 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

FULL-CAST

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

**Standard unless specified otherwise*

Signature _____

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

License # _____ Date _____

PROVISIONAL RESTORATIONS

- 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

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



- Silent Nite
- Silent Nite 3D



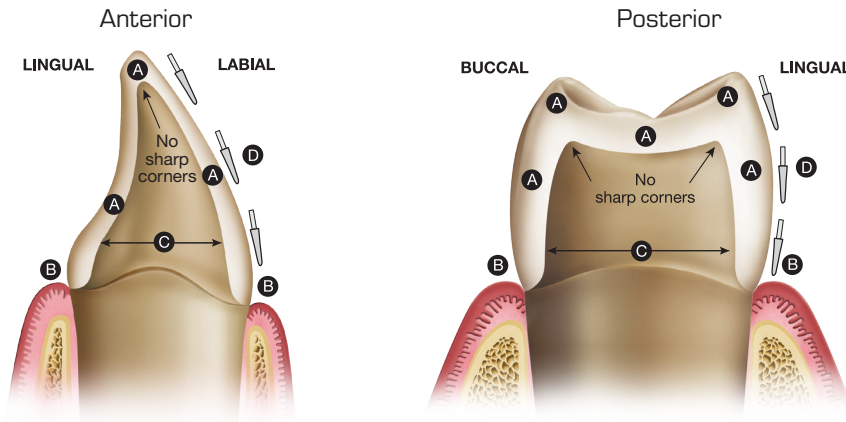
- dreamTAP
- TAP 3 TL
- EMA



- Nightguards
- Bite Splints
- Migraine Prevention Devices

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

BioHorizons®
Tapered Internal

BIOMET 3i™
Certain®

CAMLOG®
SCREW-LINE

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

Nobel Biocare
Brånemark System® RP
NobelActive®
NobelReplace®

Glidewell Direct
Glidewell HT™ Implant System
Hahn™ Tapered Implant System
Inclusive® Tapered Implant System

HIOSEN®
HG System

Implant Direct®
InterActive®
Legacy®
RePlant®

Keystone® Dental
PrimaConnex®

Straumann®
BLX
Bone Level
Bone Level SC
Tissue Level

MegaGen
AnyRidge® Implant System

MIS®
C1 Implant System
SEVEN®

NeoDent®
GM

Neoss®†
ProActive® Narrow
ProActive® Standard

Zimmer Dental
Eztetic®
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.