


Lab Name _____ Phone # _____

Acct. # _____ Patient Name _____
First Last


Address/Email _____ Deliver by 5 p.m. on See Reverse for Working Times

Enclosed with case: Impressions Models Bite Photos Other: _____


Rx Coping(s)/Substructure(s) Sintered Only (You stain & glaze)
 Build-up for porcelain support Finished Completely
 Indicate implant system _____ Implant diameter _____ mm

FINAL SHADE

 Indicate Shade Here _____

OCCUSAL STAINING
 None Light* Medium Dark

PRESENT TOOTH OR STUMP SHADE

 Indicate Shade Here _____

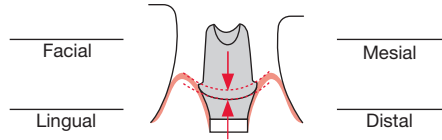
FINAL GINGIVAL SHADE
 G0 (Light) G1 (Standard)
 Ethnic: G3 (Med) G4 (Dark)

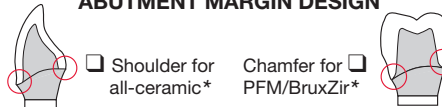
PONTIC DESIGN


SELECT RESTORATION TYPE
 BruxZir Full-Strength Solid Zirconia (1,150 MPa)
 BruxZir Full-Strength Screw-Retained (w/ Ti-Base)
 BruxZir Anterior (650 MPa) (stump shade recommended for restorations less than 1.5 mm thick)
 BruxZir Anterior Screw-Retained (w/ Ti-Base)
 BruxZir Full-Arch Implant Prosthesis pre-stained and sintered (you stain, glaze and cement inserts)
 BruxZir Full-Arch Implant Prosthesis completely finished
 Full-Arch PMMA Provisional Implant Prosthesis completely finished
 IPS e.max IPS e.max Screw-Retained (w/ Ti-Base)
 BioTemps Transition C&B Smile Transitions
 Abutment #(s) _____ Pontic #(s) _____
 Total Units _____
 Prismatic Clinical Zirconia Obsidian Fused to White Noble
 Obsidian Fused to Non-Precious Obsidian Fused to White High Noble





SELECT FINAL CUSTOM ABUTMENT
 Choose Material: Titanium* Gold-Colored Titanium Zirconia w/ Ti-Base Gold Alloy
 Choose Brand: Inclusive* BIOMET 3i Encode Straumann Variobase
 Prepare existing abutment
See reverse for supported implant systems

PARALLEL ABUTMENTS
 No Yes (indicate which abutments will have restorations splinted together for insertion)

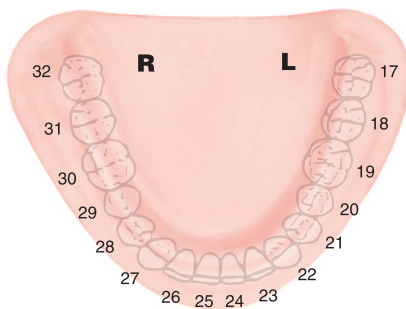
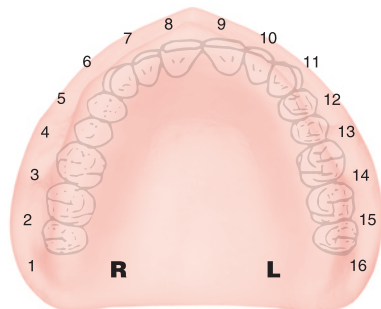
ABUTMENT MARGIN DEPTH

 If left blank, default values will be used

ABUTMENT MARGIN DESIGN

 Shoulder for all-ceramic* Chamfer for PFM/BruxZir*
***Standard unless specified otherwise**

SELECT BAR TYPE
INCLUSIVE IMPLANT BARS
 Locator CAD/CAM Milled Bar
 Screw-Retained Hybrid Bar

See reverse for supported implant systems
 Hybrid Montreal Type 1 Hybrid Montreal Type 2

 Fixed Implant Denture Hybrid Rectangle Milled Bar

 Hader Dolder

 GL FIB Hybrid Ellipse


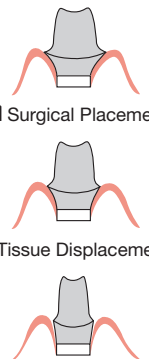
PLEASE COMPLETE THIS SECTION FOR IMPLANT BARS



(A-P Spread is 1.5 x A.P) First molar occlusion

DISTANCE BETWEEN ANTERIOR AND POSTERIOR IMPLANTS: _____ mm
 UPPER AP SPREAD X 1.5 mm: _____ mm

DISTANCE BETWEEN ANTERIOR AND POSTERIOR IMPLANTS: _____ mm
 LOWER AP SPREAD X 1.5 mm: _____ mm

ABUTMENT EMERGENCE PROFILE

 Surgical Placement
 Tissue Displacement*
 No Tissue Displacement

IMPLANT WORKING TIMES

Please allow full working time for each product selected. Working times are NOT guaranteed and do NOT include weekends or holidays. Rush service available on most products but must be prescheduled (see below).

	<u>Days in Lab</u>
Inclusive Custom Abutments .....	.3
Encode Custom Abutments .....	.8
BruxZir restoration.....	.5
IPS e.max restoration .....	.5
Prismatik CZ restoration.....	.5
Obsidian restoration .....	.5
Full-cast restoration.....	.5
BruxZir Screw-Retained crown .....	.7
IPS e.max Screw-Retained crown.....	.7
Obsidian Screw-Retained crown.....	.7
BruxZir Full-Arch Implant Prosthesis pre-stained .....	.6
BruxZir Full-Arch Implant Prosthesis finished .....	.8
PMMA Full-Arch Implant Prosthesis finished.....	.6
Locator CAD/CAD-Milled Bar.....	.8
Screw-Retained Hybrid Bar.....	.8
BioTemps.....	.5
BioTemps cement over implant/cast-metal substructure/screw-retained .....	.6
Transition Crowns & Bridges .....	.5
Smile Transitions .....	.5

All rush cases must be prescheduled by calling **800-944-7874** before the case is shipped. Time of pickup and delivery may affect turnaround time.

TERMS AND WARRANTY INFORMATION

Only \$7 shipping per box **EACH** way (contiguous U.S. only; shipping charge varies for Alaska, Hawaii and Puerto Rico)

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.

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INCLUSIVE® CUSTOM ABUTMENTS AND SCREW-RETAINED CROWNS ARE COMPATIBLE WITH THE FOLLOWING IMPLANT SYSTEMS

BIOMET 3i™ Certain®	CAMLOG® SCREW-LINE	Dentium® Implantium® SimpleLine® II SuperLine®	DENTSPLY Im- plants ANKYLOS® C/X ASTRA TECH Implant System®	Glidewell Direct Hahn™ Tapered Implant System Inclusive® Tapered Implant System	HIOSSSEN® HG System	
Keystone Dental PrimaConnex®	MegaGen AnyRidge® Implant System	Neoss® Neoss®	Nobel Biocare Brånemark System® RP NobelActive® NobelReplace®	Straumann® Bone Level Tissue Level	Sweden & Martina Premium Shelta	Zimmer Dental Screw-Vent®

INCLUSIVE® CAD/CAM MILLED IMPLANT BARS ARE COMPATIBLE WITH THE FOLLOWING IMPLANT SYSTEMS

BIOMET 3i™ Certain External Hex (4.1mm)	CAMLOG® SCREW-LINE	DENTSPLY Implants ANKYLOS® C/X ASTRA TECH Implant System	Glidewell Direct Hahn™ Tapered Implant System Inclusive® Tapered Implant System	HIOSSSEN® HG System	Keystone Dental PrimaConnex®
MegaGen AnyRidge® Implant System	Neoss® Neoss® Implant System	Nobel Biocare Brånemark System® RP NobelActive® NobelReplace®	Straumann® Bone Level Tissue Level	Sweden & Martina Premium Shelta	Zimmer Dental Screw-Vent®

THE BRUXZIR® FULL-ARCH IMPLANT PROSTHESIS IS COMPATIBLE WITH 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		
HIOSSSEN® HG System	MegaGen AnyRidge® Implant System	Nobel Biocare Brånemark System® RP NobelActive® NobelReplace®	Straumann® Bone Level Tissue Level	Sweden & Martina Premium Shelta	Zimmer Dental Screw-Vent®

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