

CROWN PREPARATION GUIDELINES

ANTERIOR

Preparation must be parallel to lingual surface

1.25 mm gingival reduction

A. 2 mm incisal reduction
B. 1.5 mm middle third reduction
C. Labial and lingual walls must be convergent
D. Preparation should be cut in three planes

POSTERIOR

Preparation must be parallel to lingual surface

1.25 mm gingival reduction

A. 2 mm occlusal reduction
B. 1.5 mm middle third reduction
C. Buccal and lingual walls must be convergent
D. Preparation should be cut in three planes

INCLUSIVE® CUSTOM TITANIUM AND ZIRCONIA W/ TI-BASE ABUTMENTS ARE COMPATIBLE WITH THE FOLLOWING IMPLANT SYSTEMS

BIOMET 3i™
Certain®

CAMLOG®
SCREW-LINE

DENTSPLY Implants
ASTRA TECH
Implant System®

Glidewell Direct
Inclusive® Tapered
Implant System

Keystone Dental
PrimaConnex®

Neoss®
Neoss®

Nobel Biocare
Brånemark System® RP
NobelActive®
NobelReplace®

Straumann®
Bone Level
Tissue Level (RN/WN
synOcta®)

Zimmer Dental
Screw-Vent®

Inclusive is a registered trademark of PrismaTik Dentalcraft, Inc. All other trademarks are property of their respective owners.

FOR LAB USE ONLY — TELEPHONE CALL RECORD

DR. _____ ACCT. # _____

PATIENT NAME _____

RE: _____

RESULT _____

DATE DUE IN OFFICE _____

DATE OF CALL _____ INITIALS _____

IN-LAB WORKING TIME

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.

Abutments and Crowns	Days in Lab
PFM crown over a stock implant abutment.....	5
Zirconia crown over a stock implant abutment	5
Screw-retained BruxZir crown with titanium base	7
Screw-retained PFMs	7
Custom titanium, zirconia or cast gold abutment	8
Custom titanium or cast gold abutment with crown.....	13

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: 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.

LIMITED WARRANTY/LIMITATION OF LIABILITY: Riverside Dental Ceramics (“the lab”) warrants that all dental devices (a “device”) are made according to your specification and approval in the belief that the device will be useful and MAKES NO OTHER WARRANTIES INCLUDING, BUT NOT LIMITED TO, ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. Subject to the return of a device that is placed and then fails, the lab will repair or replace the device without charge for the cost of materials and workmanship or refund the original price paid, at the lab’s option, as follows: (1) screw-retained implant abutments up to 20 years (including replacement of a device that was made by the lab that was attached to said abutments and including an Inclusive® Tapered titanium dental implant upon request at no extra charge); (2) porcelain to metal, all ceramic, all metal, single-unit inlay, onlay and crown composite resin final prosthetics, and screw-retained crowns and implant bars, up to seven years; (3) composite resin bridges (excluding Maryland and inlay/onlay bridges) up to five years; (4) Transition Crowns and Bridges® up to two years; (5) thermoformed appliances and splints if the failure is due to defects in materials or workmanship, provisionals, composite resin Maryland and inlay/onlay bridges, up to six months; (6) all other dental devices up to 30 days if the failure is due to defects in materials or workmanship. This Warranty is exclusively for your benefit, is not transferable and does not extend to any patients. You agree to pay all other costs of adjustment, repair and replacement of a device. Except where prohibited by law, the lab WILL NOT BE LIABLE FOR ANY LOSS OR DAMAGES ARISING FROM THE USE OF A DEVICE, WHETHER DIRECT, INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL, regardless of the theory asserted, including warranty, contract, negligence or strict liability and if such disclaimer is not permitted by law, the duration of any implied warranty is limited to 90 days from the date of delivery. In the event of a dispute and absent an amicable resolution the parties mutually agree to waive class actions in favor of mandatory individual arbitration of claims under this limited warranty in and in accordance with the laws of California. The lab does not guarantee the performance of independent carriers.

3974 Jurupa Ave.
Riverside, CA 92506
800-321-9943
Fax 866-861-7959

<p>Dr. Name Mrs. Joan Newcomb</p> <p>Acct. # 10-11111Z</p> <p>Patient Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Deliver by 5 p.m. on _____ <input type="checkbox"/> Call before starting case</p>	<p>SHADE INFORMATION</p> <p>SHADE NO. _____</p> <p>TOOTH NO. _____</p> <p>STUMP NO. _____</p> <p>Occlusal Staining: <input type="checkbox"/> Light* <input type="checkbox"/> Med <input type="checkbox"/> Dark <input type="checkbox"/> None</p>	<p>SELECT RESTORATION TYPE</p> <p><input type="checkbox"/> Crown <input type="checkbox"/> Splinted Crowns <input type="checkbox"/> Bridge</p> <p>Cement-Retained PFMs and All-Ceramics</p> <p><input type="checkbox"/> Non-Precious <input type="checkbox"/> Semi-Precious</p> <p><input type="checkbox"/> BruxZir Solid Zirconia* <input type="checkbox"/> IPS e.max</p> <p><input type="checkbox"/> BruxZir Anterior</p>
<p>COUPON CODE: \$45 off Custom Abutment or Implant Crown — 09/30/2015 *CXY553*</p>	<p>SELECT ABUTMENT TYPE</p> <p>Inclusive Custom Implant Abutments</p> <p><input type="checkbox"/> Titanium Abutment* <input type="checkbox"/> Zirconia w/ Ti-Base</p> <p><input type="checkbox"/> Prepare existing abutment</p> <p>See reverse for implant systems supported</p>	<p>Ceramic Contour Design</p> <p>Embrasures: <input type="checkbox"/> Open <input type="checkbox"/> Closed*</p> <p>Occlusion: <input type="checkbox"/> Heavy <input type="checkbox"/> Light*</p> <p>Contacts: <input type="checkbox"/> Pinpoint <input type="checkbox"/> Light <input type="checkbox"/> Broad & Tight*</p>
	<p>Screw-Retained Restorations</p> <p><input type="checkbox"/> PFM Noble (no visible metal)</p> <p><input type="checkbox"/> PFM Noble (metal lingual)</p> <p><input type="checkbox"/> BruxZir (w/ Ti-Base)*</p> <p><input type="checkbox"/> PFM Noble (metal island)</p> <p><input type="checkbox"/> PFM Noble (metal occlusal)</p> <p><input type="checkbox"/> IPS e.max (w/ Ti-Base)</p>	<p>Ceramic Pontic Design</p>
	<p>Parallel Abutments</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (Indicate which abutments will have restorations splinted together for insertion.)</p>	<p>Ceramic Margin Design</p>
	<p>Abutment Margin Depth</p> <p>Facial _____ Mesial _____</p> <p>Lingual _____ Distal _____</p> <p>If left blank, default values will be used.</p>	<p>Ceramic Metal Design</p>
	<p>Abutment Margin Design</p> <p><input type="checkbox"/> Shoulder for all-ceramic* <input type="checkbox"/> Chamfer for PFM/BruxZir*</p>	<p>*Standard unless specified otherwise</p>
	<p>Abutment Emergence Profile</p> <p><input type="checkbox"/> Surgical placement <input type="checkbox"/> Tissue displacement* <input type="checkbox"/> No tissue displacement</p>	<p>If No Occlusal Clearance</p> <p><input type="checkbox"/> Call doctor <input type="checkbox"/> Spot opposing <input type="checkbox"/> Metal occlusion</p> <p><input type="checkbox"/> Metal island <input type="checkbox"/> Make this a permanent note in my master file</p>
		<p>Laboratory Use Only</p> <p>By: _____ Mail: _____</p>

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**Neoss®
Neoss®**

**Nobel Biocare
Brånemark System® RP
NobelActive®
NobelReplace®**

**Straumann®
Bone Level
Tissue Level (RN/WN
synOcta®)**

**Zimmer Dental
Screw-Vent®**

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800-321-9943
Fax 866-861-7959

Dr. Name **Mrs. Joan Newcomb**

Acct. # **10-11111Z**

Patient Name _____ ☐ Male ☐ Female

Deliver by 5 p.m. on _____ ☐ Call before starting case

COUPON CODE: \$45 off Custom Abutment or Implant Crown — 09/30/2015 *CXY553*



**All Restorations
Made in California**

Signature _____ (see reverse for limited warranty details)

License # _____

Indicate implant system _____

Indicate diameter below

© 2015 Riverside Dental Ceramics

Special Rx Offer*

1. Carefully package your case, including this Rx, and tape box securely closed.
2. To schedule overnight shipping pickup, call us at **800-321-9943**. For in-lab working time, see back of Rx.
3. Send this Rx with your next ceramic crown over implant case to save \$45 per crown or implant abutment (up to 2 units).

SAVE \$45 /crown over implant abutment or custom abutment (up to 2 units per Rx)

OFFER EXPIRES SEPTEMBER 30, 2015.

**This personalized prescription is intended for the dentist and account number listed. It is nontransferable. Price does not include round-trip overnight shipping (\$14 per box) or applicable taxes. No copies accepted. Limit one specially priced Rx per case. Special pricing not valid with any other offer.*

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