



6275 S. Pearl St. • Ste. 400 • Las Vegas, NV 89120

800-936-1848
Fax 800-936-5161
www.lvddslab.com

Dr. Name _____ Acct. # _____

Phone # _____ Email _____

Address _____
City / State / Zip _____

Patient Name _____
First Last ☐ Male ☐ Female

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

R_x



Signature _____
(see reverse for limited warranty details)

License # _____

1 of 4

\$60 off IPS e.max, PCZ, BruxZir Solid Zirconia, Inclusive Abutment



\$10 off Comfort Bite Splints



Special Offer* SAVE \$60 per unit (up to 5 units)

Send this Rx with your next case to save (choose one):

- \$60 per unit on BruxZir Solid Zirconia, PrismaTik CZ, IPS e.max or Inclusive Custom Abutment restorations (limit 5 units per Rx)
- \$10 per Comfort Bite Splint appliance (limit one per Rx)

Offer expires July 31, 2015

**Price does not include round-trip overnight shipping (\$12 per box) or applicable taxes. To save money on shipping, include multiple cases in one box. Limit one special offer per case. No copies accepted. Offer applicable for a maximum of four specially priced Rx's per account for specified products only. Special pricing not valid with any other offer.*

SELECT CERAMIC PRODUCT

- ☐ IPS e.max CAD (stained) ☐ BruxZir
☐ IPS e.max Press (layered) ☐ PrismaTik CZ

FINAL CERAMIC SHADE



Indicate Shade Here Indicate Shade Here

OCCUSAL STAINING

- ☐ Light** ☐ Med ☐ Dark ☐ None

PONTIC DESIGN



SELECT BITE SPLINT

- ☐ Comfort H/S Bite Splint (hard/soft)
○ Upper ○ Lower
☐ Comfort Bite Splint (hard)
○ Upper ○ Lower

Upper and lower impressions or models with bite registration required (CHOOSE ONE)

***Standard unless specified otherwise*

SELECT INCLUSIVE CUSTOM ABUTMENT

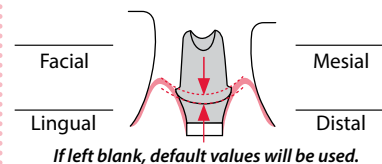
- ☐ Titanium Abutment**
☐ Zirconia w/ Titanium Base
☐ All-Zirconia Abutment
☐ Prepare existing abutment

See reverse for supported implant systems. Specify implant system and diameter on Rx.

PARALLEL ABUTMENTS

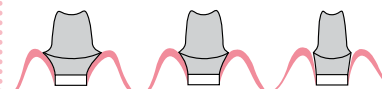
- ☐ No ☐ Yes (Indicate which abutments will have restorations splinted together for insertion.)

ABUTMENT MARGIN DEPTH



If left blank, default values will be used.

ABUTMENT EMERGENCE PROFILE



- ☐ Surgical Placement ☐ Tissue Displacement** ☐ No Tissue Displacement

TERMS AND WARRANTY INFORMATION

Please allow full working time for each product selected. Working times are NOT guaranteed and do NOT include weekends or holidays. Only \$6 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.

LIMITED WARRANTY/LIMITATION OF LIABILITY. Las Vegas Digital Dental Solutions ("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) 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; (5) 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 Nevada. The lab does not guarantee the performance of independent carriers.

INCLUSIVE® TOOTH REPLACEMENT SYSTEM IS COMPATIBLE WITH THE FOLLOWING IMPLANT SYSTEMS

BIOMET 3i™
Certain®

Nobel Biocare
Brånemark System® RP
NobelActive®
NobelReplace®

CAMLOG®
SCREW-LINE

Straumann®
Bone Level
Tissue Level

DENTSPLY Implants
ASTRA TECH Implant System®

Glidewell Direct
Inclusive® Tapered Implant System

Zimmer Dental
Screw-Vent®

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

BIOMET 3i™
Certain®

Neoss®
Neoss®

CAMLOG®
SCREW-LINE

Nobel Biocare
Brånemark System® RP
NobelActive®
NobelReplace®

DENTSPLY Implants
ASTRA TECH Implant System®

Glidewell Direct
Inclusive® Tapered Implant System

Straumann®
Bone Level
Tissue Level

Keystone Dental
PrimaConnex®

Zimmer Dental
Screw-Vent®

INCLUSIVE® CUSTOM ALL-ZIRCONIA ABUTMENTS ARE COMPATIBLE WITH THE FOLLOWING IMPLANT SYSTEMS

BIOMET 3i™
Certain®

Glidewell Direct
Inclusive® Tapered Implant System

Nobel Biocare
NobelReplace®

Zimmer Dental
Screw-Vent®

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

BIOMET 3i™
Certain®
External Hex (4.1mm)

Neoss®
Neoss®

CAMLOG®
SCREW-LINE

Nobel Biocare
Brånemark System® RP
NobelActive®
NobelReplace®

DENTSPLY Implants
ASTRA TECH Implant System®

Glidewell Direct
Inclusive® Tapered Implant System

Straumann®
Bone Level
Tissue Level

Keystone Dental
PrimaConnex®

Zimmer Dental
Screw-Vent®

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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 _____

Dr. Name _____ Acct. # _____

Phone # _____ Email _____

Address _____
City / State / Zip _____

Patient Name _____ Deliver by 5 p.m. on _____

Enclosed with case: ☐ Impressions ☐ Models ☐ Bite ☐ Photos ☐ Other: _____

Rx



Signature _____
(see reverse for limited warranty details)

License # _____

1 of 2

\$250 off BruxZir Full-Arch
Implant Prosthesis



★ S Z C 2 8 9 ★

Special Offer* SAVE \$250 per arch

Send this Rx with your next case to save:

- \$250 per arch on BruxZir Full-Arch Implant Prosthesis (limit 2 per Rx)

Offer expires July 31, 2015

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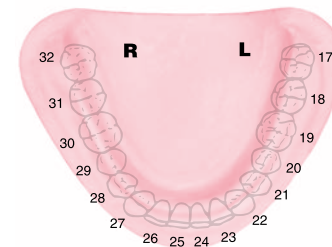
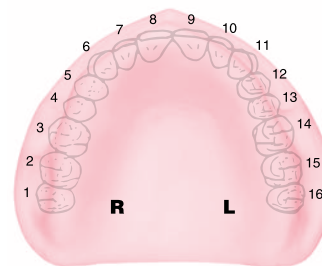
☐ **BruxZir Solid Zirconia Full-Arch Implant Prosthesis**
(Precision-milled solid zirconia with tooth and gingival tissue shade)

☐ **Full-Arch Implant Provisional Prosthesis**
(Precision-milled PMMA Provisional with tooth and gingival tissue shade)

Tooth Setup: ☐ Ideal ☐ Characterized ☐ Copy study model
☐ Copy existing denture ☐ Male ☐ Female Age _____

Tissue Shade: ☐ G1 (standard) **Tissue Shade Ethnic:** ☐ G3 (Med) ☐ G4 (Dk)

*** PLEASE COMPLETE THIS SECTION *(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

☐ Upper ☐ Lower

Tooth Shade _____ **Implant System** _____

Implant Diameter _____ mm

- ☐ Bite block ☐ Diagnostic setup ☐ Setup try-in ☐ Implant verification jig
☐ Custom tray ☐ Reset ☐ Provisional Prosthesis ☐ Final BruxZir Prosthesis
(see reverse for compatible implant systems and limited warranty details)

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IMPLANT WORKING TIMES

Working times will vary. Please call lab for further information.

THE BRUXZIR® FULL-ARCH IMPLANT PROSTHESIS IS COMPATIBLE WITH THE FOLLOWING IMPLANT SYSTEMS

BIOMET 3i™
Certain®

CAMLOG®
SCREW-LINE

DENTSPLY
Implants
ASTRA TECH
Implant System®

Glidewell Direct
Inclusive® Tapered
Implant System

Nobel Biocare
Brånemark System® RP
NobelActive®
NobelReplace®

Straumann®
Bone Level
Tissue Level

Zimmer Dental
Screw-Vent®

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