

Pacific edge

DENTAL LABORATORIES

1524 Lancaster Point Way ■ San Diego, CA 92154
800-889-9323 • Fax 800-229-3295

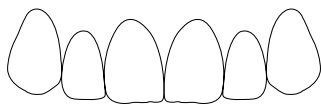
Special Rx Offer**

1. Carefully package your case, including this Rx, and tape box securely closed.
2. To schedule overnight shipping pickup, call us at **800-889-9323**.
3. Please allow full in-lab working time for each product selected. Working times may vary (see reverse).
4. Use this Rx to save \$56 per unit on any all-ceramic restoration (up to 3 units), or \$35 per unit on PFMs (up to 3 units), or \$20 per bite splint (limit one).

Offer expires June 30, 2015

****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.**

SHADE INSTRUCTIONS



Indicate Shade Here

PONTIC DESIGN



POSTERIOR METAL DESIGN

- ☐ * Full coverage
- ☐ Lingual metal collar
- ☐ Excluding buccal cusp
- ☐ Including buccal cusp

OCCUSAL STAINING

- ☐ None
- ☐ Light*
- ☐ Medium
- ☐ Dark

INSTRUCTION FOR BUCCAL MARGIN

- ☐ Metal hairline or _____ mm on buccal
- ☐ Metal-porcelain junction margin
- ☐ Porcelain butt margin (90° shoulder required)

IF NO OCCUSAL CLEARANCE

- ☐ Metal occlusion
 - ☐ Reduction coping
 - ☐ Spot opposing
- Would you like this to be a permanent note in your master file?
☐ YES ☐ NO

**Standard unless specified otherwise.*

Dr. Name _____ Acct. # _____
Phone # _____ Email _____
Address _____ City/State/Zip _____
Patient Name _____ ☐ Male ☐ Female
Date Sent _____ First _____ Last _____
Deliver by 5 p.m. on _____ Try-in: ☐ Yes ☐ No

Rx

*All restorations are handcrafted
using FDA-registered
dental alloys and ceramics.*

*U.S. Food and Drug Administration
Registration No. 3004749721*

Signature _____ License # _____
(see reverse for limited warranty details)

1 of 4

\$56 Off All-Ceramic Restorations



* F J V 5 3 5 *

\$35 Off PFM Restorations



* J N C 5 4 2 *

\$20 Off Bite Splint



* Y D P 9 7 1 *

ALL-CERAMICS

- ☐ BruxZir Solid Zirconia*
- ☐ Pacific Zirconia
- ☐ PrismaTik CZ
- ☐ IPS e.max
- ☐ IPS Empress
- ☐ Lava

PFMs

- ☐ Non-Precious*
- ☐ White Noble
- ☐ White High Noble
- ☐ Captek YHN

PREVENTIVE APPLIANCE

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

ENCLOSED

- ☐ Impressions
- ☐ TT
- ☐ Bite
- ☐ Models
- ☐ Crown/Bridge
- ☐ Artic.
- ☐ Other _____

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.

LIMITED WARRANTY/LIMITATION OF LIABILITY. Pacific Edge Dental Laboratories ("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 California. The lab does not guarantee the performance of independent carriers.

DENTISTS: There is no charge for one inbound and one outbound shipment per case.

Additional overnight shipments for die trims, try-ins and reshades to a new shade will be charged at \$9 each way (contiguous U.S. only; shipping charge varies for Alaska, Hawaii and Puerto Rico).

IN-LAB 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 and must be prescheduled (see below).

All-ceramic/Zirconia restorations 7 days
PFM restorations 7 days
Preventive appliances 5 days

All rush cases must be prescheduled.

Call **800-889-9323** before the case is shipped.
 Time of pickup and delivery may affect turnaround time.

FOR LAB USE ONLY

TELEPHONE CALL RECORD

DR. _____ DATE DUE IN OFFICE _____

PATIENT NAME _____

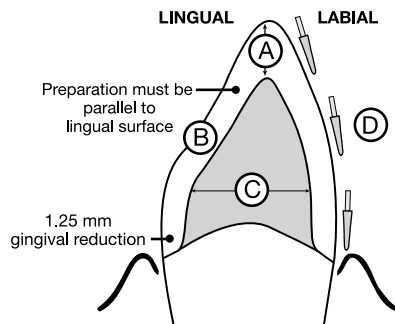
RE: _____

RESULT _____

DATE OF CALL _____ INITIALS _____

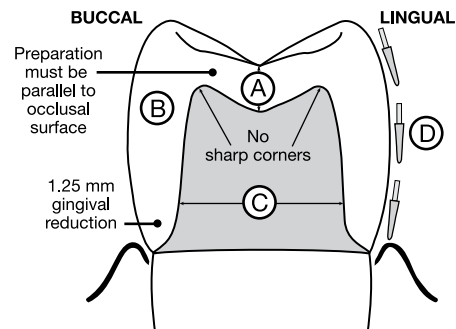
PREPARATION GUIDELINES

PFM ANTERIOR



- 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

PFM POSTERIOR



- 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

BruxZir Solid Zirconia Full-Arch Implant Prosthesis and Implant Restoration Rx

Special Rx Offer**

- Carefully package your case, including this Rx, and tape box securely closed.
- To schedule overnight shipping pickup, call us at **800-889-9323**.
- Use this Rx to save \$250 per arch on BruxZir Full-Arch Implant Prostheses (limit two per Rx) or \$25 off any crown over implant abutment or Inclusive abutment (limit 4 units per Rx).

Offer expires June 30, 2015

****Limit one special offer per case. No copies accepted. Offer applicable for a maximum of two specially priced Rx's per account for specified products only. Special pricing not valid with any other offer.**

Dr. Name _____ Account # _____
Phone # _____ Email _____
Patient Name _____
First Last
Enclosed with case: ☐ Impressions ☐ Models ☐ Bite ☐ Photos ☐ Other: _____
☐ Male ☐ Female **Deliver by 5 p.m. on** _____

Rx

Indicate implant system _____



*All restorations are handcrafted
using FDA-registered
dental alloys and ceramics.*

*U.S. Food and Drug Administration
Registration No. 3004749721*

Signature _____ License # _____
(see reverse for limited warranty details)

1 of 2

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



\$25 off crown over implant
abutment or Inclusive Abutment
(limit 4 per Rx)



☐ 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)

☐ 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)

CERAMIC SHADE INSTRUCTIONS



Indicate Shade Here

OCCUSAL STAINING:

☐ None ☐ Light* ☐ Medium ☐ Dark

SELECT ABUTMENT TYPE

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

See reverse for supported implant systems

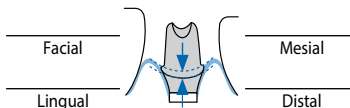
SCREW-RETAINED RESTORATIONS

- ☐ BruxZir Solid Zirconia (w/ Ti-Base)
☐ IPS e.max (w/ Ti-Base) ☐ PFM Noble* (no visible metal)
☐ PFM Noble (metal island) ☐ PFM Noble (metal occlusal)
☐ PFM Noble (metal lingual)

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*

ABUTMENT EMERGENCE PROFILE



- ☐ Surgical placement ☐ Tissue displacement* ☐ No tissue displacement

SELECT RESTORATION TYPE

☐ Crown ☐ Splinted Crowns ☐ Bridge

CEMENT-RETAINED RESTORATIONS

- ☐ Non-Precious PFM ☐ Noble PFM
☐ White High Noble PFM ☐ BruxZir Solid Zirconia
☐ Prisma Clinical Zirconia ☐ IPS e.max

CONTOUR AND OCCLUSION DESIGN

Embrasures: ☐ Closed* ☐ Open

Occlusion: ☐ Light* ☐ Ideal ☐ Open _____ mm ☐ Out

Contacts: ☐ Broad & Tight* ☐ Pinpoint ☐ Light

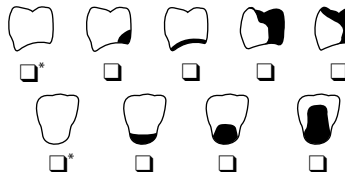
RESTORATION PONTIC DESIGN



CERAMIC MARGIN DESIGN



CERAMIC METAL DESIGN



*Standard unless specified otherwise

IF NO OCCLUSAL CLEARANCE

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

LABORATORY USE ONLY

By: _____ Mail: _____

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).

Abutments and Crowns	Days in Lab
Inclusive Custom Abutment.....	10
PFM/BruXZir/IPS e.max/Prismatik CZ	7
Full-cast restoration	5
PFM/IPS e.max/Prismatik CZ/Full-cast over stock abutment.....	9
BruXZir over custom abutment	7
BruXZir over stock implant abutment.....	9
BruXZir screw-retained restoration	10

Overdentures and Fixed Dentures	Days in Lab
Custom impression tray	4
Bite Block.....	5
Implant Denture or Premium Bridge transfer/wax setup try-in	7
Implant Denture or Premium Bridge wax setup reset	6
Implant Denture wax setup to finish.....	8
Inclusive CAD/CAM Milled Bar.....	9
Outsourced CAD/CAM Milled Bar.....	7
Implant Verification Jig.....	6
Premium Hybrid Bridge metal try-in	17
Premium Hybrid Bridge crown fabrication	10
Premium Hybrid Bridge to finish	6

Provisionals	Days in Lab
Pacific Temps.....	5
Pacific Temps cement over implant/cast-metal substructure/ screw-retained over implant	6

All rush cases must be prescheduled by calling 800-889-9323 before the case is shipped. Time of pickup and delivery may affect turnaround time.

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	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)	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	Zimmer Dental Screw-Vent*

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

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