

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	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.

BruxZir Crowns and Bridges 5 working days
IPS e.max 5 working days
Inclusive Custom Implant Abutments..... 8 working days
BruxZir over Inclusive implant abutment..... 8 working days
IPS e.max or PrismaTik CZ over stock implant abutment 8 working days
BruxZir over stock implant abutment 8 working days

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. DigiTech Dental Restorations (“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) other all ceramic (including screw-retained zirconia crowns), up to seven years; (3) thermoformed appliances and splints if the failure is due to defects in materials or workmanship, up to six months; and, 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 Florida. The lab does not guarantee the performance of independent carriers.

8880 NW 20th St. ■ Ste. C
Doral, FL 33172

888-336-1301
Fax 888-336-6006
www.digitechlab.com

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 Implant Crown or Custom Abutment — 09/30/2015 *JKV381*

Rx

All Restorations Made in the USA

Signature _____ (see reverse for limited warranty details)

License # _____

Indicate implant system _____

Indicate diameter below

© 2015 DigiTech Dental Restorations

Special Implant Restoration Rx Offer**

- Carefully package your case, including this Rx, and tape box securely closed.
- To schedule overnight shipping pickup, call us at **888-336-1301**. For in-lab working time, see back of Rx.
- Send this Rx with your next ceramic crown over implant case to save \$45 per crown or implant abutment (up to 2 units).

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.

Ceramic Shade Instructions

Indicate Shade Here

Occlusal Staining: ☐ Light* ☐ Med ☐ Dark ☐ None

SELECT RESTORATION TYPE

☐ Crown
☐ Splinted Crowns
☐ Bridge

Cement-Retained All-Ceramics

☐ BruxZir Solid Zirconia* ☐ IPS e.max
☐ BruxZir Anterior

Ceramic Contour Design

Embrasures: ☐ Open ☐ Closed*
Occlusion: ☐ Heavy ☐ Light*
Contacts: ☐ Pinpoint ☐ Light ☐ Broad & Tight*

Ceramic Pontic Design

☐ ☐ ☐*

☐ ☐

If No Occlusal Clearance

☐ Call doctor
☐ Spot opposing
☐ Make this a permanent note in my master file

SELECT ABUTMENT TYPE

Inclusive Custom Implant Abutments

☐ Titanium Abutment* ☐ Zirconia w/ Ti-Base
☐ Prepare existing abutment
See reverse for implant systems supported

Screw-Retained Restorations

☐ BruxZir (w/ Ti-Base) ☐ BruxZir Anterior (w/ Ti-Base)
☐ IPS e.max (w/ Ti-Base)

Parallel Abutments

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

Abutment Margin Depth

Facial _____ Mesial _____
Lingual _____ Distal _____

If left blank, default values will be used.

Abutment Margin Design

☐ Shoulder for all-ceramic ☐ Chamfer for BruxZir

Abutment Emergence Profile

☐ Surgical placement ☐ Tissue displacement* ☐ No tissue displacement

Laboratory Use Only By: _____ Mail: _____

DT-141-050115

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☐ Prepare existing abutment

See reverse for implant systems supported

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☐ IPS e.max (w/ Ti-Base)

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Ceramic Contour Design

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Occlusion: ☐ Heavy ☐ Light*

Contacts: ☐ Pinpoint ☐ Light ☐ Broad & Tight*

Ceramic Pontic Design

If No Occlusal Clearance

☐ Call doctor

☐ Spot opposing

☐ Make this a permanent note in my master file

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