

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.

All-Ceramics 5 working days

**All rush cases must be prescheduled by calling
888-336-1301 before the case is shipped.**

Time of pickup and delivery may affect turnaround time.

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.

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.

FOR LAB USE ONLY

TELEPHONE CALL RECORD

DR. _____

ACCT. # _____

PATIENT NAME _____

RE: _____

RESULT _____

DATE DUE IN OFFICE _____

DATE OF CALL _____

INITIALS _____

Dr. Name

CoverName

Acct. #

DoctorID

Patient Name

Male

Female

Age

Deliver by 5 p.m. on

Try-in

Yes

No

Rx

Enclosed with case:

Impression

Models

Bite

Photos

Other

NOTE: Please send a study model on all work involving anterior teeth.

BruxZir® Solid Zirconia

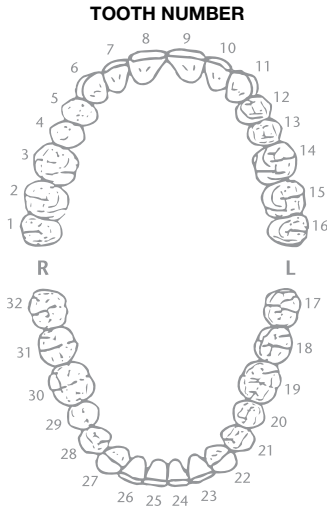
COUPON CODE: \$45 off BruxZir — 05/31/2015

YBJ078

Signature _____

License # _____

(see reverse for limited warranty details)



Special BruxZir Restoration Rx Offer* To schedule overnight shipping pickup, call us at **888-336-1301**. Send this Rx with your next BruxZir case, and save \$45 per unit off any BruxZir restoration. Use all four prescriptions for three units each for a total savings of \$540!

Offer expires May 31, 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.



DENTAL RESTORATIONS

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

888-336-1301 ■ Fax 888-336-6006

www.digitechlab.com

FINAL SHADE

Indicate Shade Here

OCCUSAL STAINING

Light+ Med Dark None

PONTIC DESIGN

Standard unless specified otherwise

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TELEPHONE CALL RECORD

DR. _____ ACCT. # _____

PATIENT NAME _____

RE: _____

DATE DUE IN OFFICE _____

DATE OF CALL _____ INITIALS _____

Dr. Name **CoverName** _____ Acct. # **DoctorID** _____

Patient Name _____ ☐ Male ☐ Female Age _____
First Last

Deliver by 5 p.m. on _____ Try-in ☐ Yes ☐ No

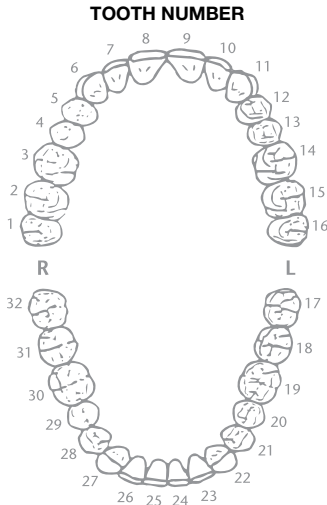
Rx Enclosed with case: ☐ Impression ☐ Models ☐ Bite ☐ Photos ☐ Other _____

NOTE: Please send a study model on all work involving anterior teeth.

☐ BruxZir® Solid Zirconia **COUPON CODE:** \$45 off BruxZir — 05/31/2015 ***YBJ078***



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



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☐ Light+ ☐ Med ☐ Dark ☐ None

PONTIC DESIGN



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