

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.

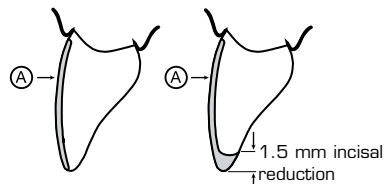
Only \$7 shipping per box EACH way (contiguous U.S. only; shipping charge varies for Alaska, Hawaii and Puerto Rico).

We honor VISA, MASTERCARD, AMEX & DISCOVER CARD.

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.

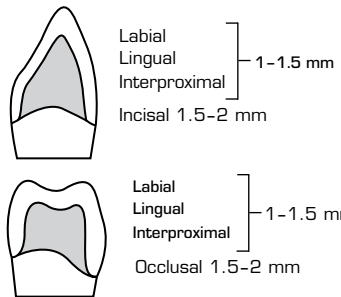
LIMITED WARRANTY/LIMITATION OF LIABILITY. LIMITED WARRANTY/LIMITATION OF LIABILITY. New West Dental Ceramics ("the lab") warrants that all dental devices (a "device") are made according to your specification and approval in the belief that the device will be useful and MAKES NO OTHER WARRANTIES INCLUDING, 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) 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 Arizona. The lab does not guarantee the performance of independent carriers.

ALL-CERAMIC/COMPOSITE VENEERS



A. 0.3 to 1 mm labial reduction

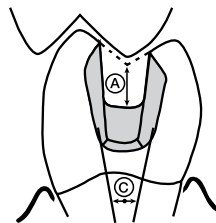
ALL-CERAMIC/COMPOSITE CROWNS



Labial
Lingual
Interproximal
1-1.5 mm
Incisal 1.5-2 mm

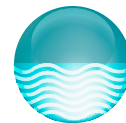
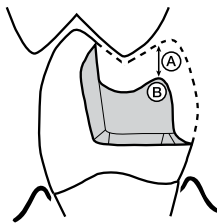
Labial
Lingual
Interproximal
1-1.5 mm
Occlusal 1.5-2 mm

INLAY



- A. 1.5 to 2 mm occlusal reduction
B. Round all sharp line angles and occlusal edges, and eliminate undercuts.
C. Proximal and occlusal walls should have 6-8 degrees taper.

ONLAY



New West Dental Ceramics

2033 Swanson Ave. • Lake Havasu City, AZ 86403

800-321-1614 • Fax 855-250-2830

SAVE \$45

per unit (up to 3 units)

Special Rx Offer**

- Carefully package your case, including this Rx, and tape box securely shut.
- To schedule overnight shipping pick-up, call us at 800-321-1614.
- Save \$45 per all-ceramic unit (up to 3 units) with this special Rx offer.

**Offer expires
May 31, 2015**

**Price does not include round-trip overnight shipping (\$14 per box) or applicable taxes. Include multiple cases in each box to save money on shipping. This personalized prescription offer is intended for the dentist and account number listed above. It is nontransferable. Limit one special offer per case. No copies accepted. Offer applicable for a maximum of four specially priced Rxs per account for specified products only. Special pricing not valid with any other offer.

Dr. Name Dr. Steve Woodall Acct. # 40-78592

Patient Name _____ ☐ Male ☐ Female Age _____
First Last

Deliver by 5 p.m. on _____ Enclosed with case: ☐ Impressions ☐ Models ☐ Bite
☐ Other: _____

SPECIFIC INSTRUCTIONS

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

PLEASE WRITE TOOTH NUMBERS



All Restorations
Made in the USA

Signature _____
(see reverse for limited warranty details)

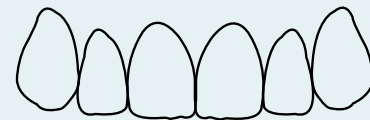
License # _____

ALL-CERAMICS

- ☐ BruxZir Solid Zirconia* ☐ PrismaTik Clinical Zirconia
☐ IPS e.max ☐ IPS Empress
☐ Lava Crowns & Bridges ☐ PrismaTik ThinPress No-Prep Veneers

*Standard unless specified otherwise

SHADE INSTRUCTIONS



Indicate Shade Here

OCCLUSAL STAINING

☐ None ☐ Light* ☐ Medium ☐ Dark

PONTIC DESIGN



IF NO OCCLUSAL CLEARANCE

- ☐ Call doctor ☐ Spot opposing ☐ Metal occlusion ☐ Yes ☐ No

Would you like this to be a permanent note in your master file?

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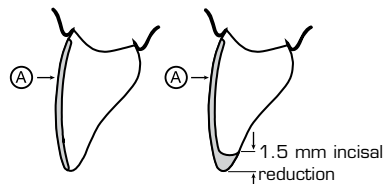
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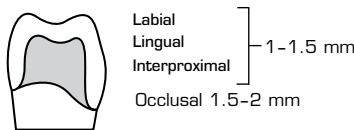
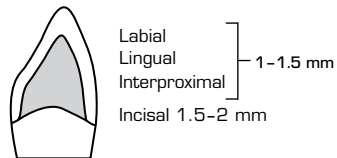
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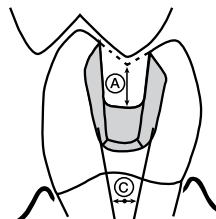


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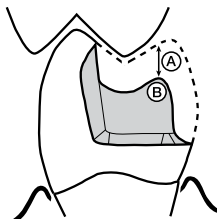


INLAY

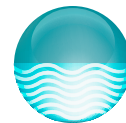


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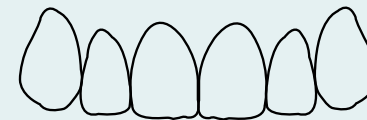
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