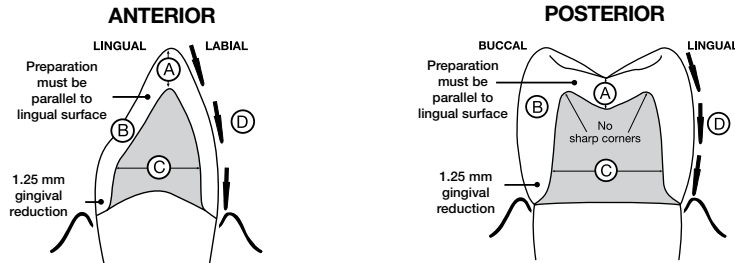


CROWN PREPARATION GUIDELINES



- 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
- 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® 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®
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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 _____

TERMS AND WARRANTY INFORMATION

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. 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 per case (contiguous U.S. only; shipping charge varies for Alaska, Hawaii and Puerto Rico).



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

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 **800-889-9323**.
- 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 July 31, 2015

****This personalized prescription is intended for the dentist and account number listed below. It is nontransferable. Limit one special offer per case. Offer applicable for a maximum of four specially priced Rx's per account for specified products only. No copies accepted. Special pricing not valid with any other offer.**

Dr. Name **MRS JOAN NEWCOMB**

Acct. # **10-1111Z**

Patient Name _____ ☐ Male ☐ Female
First Last

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



COUPON CODE: \$45 off Implant Crown or Abutment —
7/31/2015 ***VZP985***



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

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

Signature _____
(see reverse for limited warranty details)

License # _____

CERAMIC SHADE INSTRUCTIONS



Indicate Shade Here

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

SELECT ABUTMENT TYPE

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

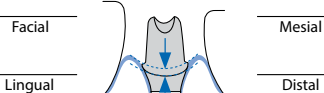
SCREW-RETAINED RESTORATIONS

- ☐ BruxZir (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



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 PFMS AND ALL-CERAMICS

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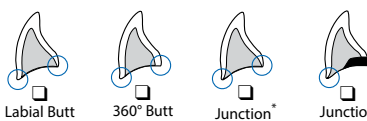
CERAMIC CONTOUR DESIGN

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

CERAMIC PONTIC DESIGN



CERAMIC MARGIN DESIGN



CERAMIC METAL DESIGN



***Standard unless specified otherwise**

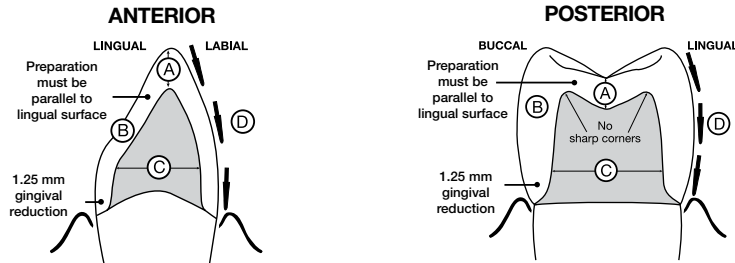
IF NO OCCLUSAL CLEARANCE

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

Laboratory Use Only By: _____ Mail: _____

PE-234-030115

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Dr. Name **MRS JOAN NEWCOMB**

Acct. # **10-1111Z**

Patient Name _____ ☐ Male ☐ Female
First Last

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



COUPON CODE: \$45 off Implant Crown or Abutment —
7/31/2015 ***VZP985***



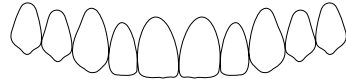
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using FDA-registered
dental alloys and ceramics.*

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

Signature _____
(see reverse for limited warranty details)

License # _____

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Indicate Shade Here

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SELECT ABUTMENT TYPE

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

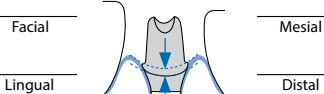
SCREW-RETAINED RESTORATIONS

- ☐ BruxZir (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



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ABUTMENT MARGIN DESIGN

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ABUTMENT EMERGENCE PROFILE

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

SELECT RESTORATION TYPE

- ☐ Crown ☐ Splinted Crowns ☐ Bridge

CEMENT-RETAINED PFMS AND ALL-CERAMICS

- ☐ BruxZir Solid Zirconia ☐ IPS e.max ☐ PrismaDental CZ
☐ Non-Precious PFM ☐ Semi-Precious PFM

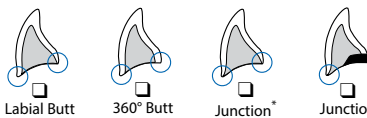
CERAMIC CONTOUR DESIGN

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

CERAMIC 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: _____

PE-234-030115