

## 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.

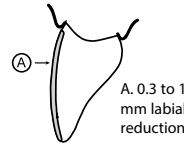
Only \$6 shipping per box EACH way (contiguous U.S. only;  
shipping charge varies for Alaska, Hawaii and Puerto Rico).

We honor VISA, MASTERCARD, AMEX and DISCOVER.

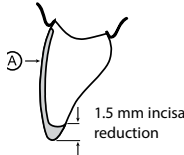
**TERMS:** All accounts are payable within 30 days of statement date. **Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance.** Prices subject to change without notice. Rx must be enclosed with original case submission.

**LIMITED WARRANTY/LIMITATION OF LIABILITY.** Las Vegas Digital Dental Solutions ("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 (including screw-retained zirconia bridges), all metal, single-unit inlay, onlay and crown composite resin final prosthetics and milled 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 Nevada. The lab does not guarantee the performance of independent carriers.

### ALL-CERAMIC/COMPOSITE VENEERS

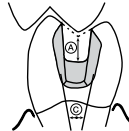


A. 0.3 to 1  
mm labial  
reduction



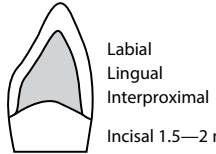
1.5 mm incisal  
reduction

#### INLAY

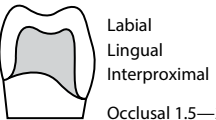


- A. 1.5 to 2 mm occlusal reduction  
B. Round all sharp line angles and occlusal edges,  
and eliminate undercuts.  
C. Proximal and occlusal walls should have 6-8 degrees taper.

### ALL-CERAMIC/COMPOSITE CROWNS

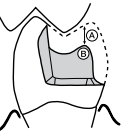


Labial  
Lingual  
Interproximal  
1—1.5 mm  
Incisal 1.5—2 mm



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

#### ONLAY



### LVDDS USE ONLY — TELEPHONE CALL-RECORD

DR. \_\_\_\_\_

ACCT. # \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

RE: \_\_\_\_\_

RESULT \_\_\_\_\_

DATE DUE IN OFFICE \_\_\_\_\_

DATE OF CALL \_\_\_\_\_ INITIALS \_\_\_\_\_



6275 S. Pearl St. • Ste. 400 • Las Vegas, NV 89120

800-936-1848 • Fax 800-936-5161

www.lvddslab.com

Dr. Name Mr. James Shuck Acct. # 10-11111X

Patient Name \_\_\_\_\_ ☐ Male ☐ Female  
First Last

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



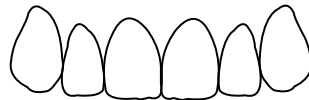
### Special Rx Offer\*

- Carefully package your case, including this Rx, and tape box securely closed.
- To schedule overnight shipping pickup, call us at **800-936-1848**.
- Please allow five working days in lab.
- Save \$45 per all-ceramic unit (up to 3 units) with this special offer. Use all four prescriptions for 3 units each for a total savings of \$540.

**Offer expires April 30, 2015**

\*This personalized prescription offer is intended for the dentist and account number listed below. It is nontransferable. Price does not include round-trip overnight shipping (\$12 per box) or applicable taxes. No copies accepted. Limit one specially priced Rx per case. Offer applicable for a maximum of four specially priced Rx's per case. Special pricing not valid with any other offer.

### SHADE INSTRUCTIONS



Indicate Shade Here

### OCCUSAL STAINING

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

### PONTIC DESIGN



\*\*Standard unless specified otherwise

### IF NO OCCUSAL CLEARANCE

- ☐ Call doctor ☐ Spot opposing ☐ Metal occlusion
- Would you like this to be a permanent note in your master file?  
☐ Yes ☐ No



Signature \_\_\_\_\_

License # \_\_\_\_\_

(see reverse for limited warranty details)

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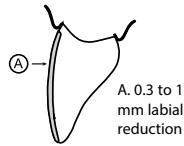
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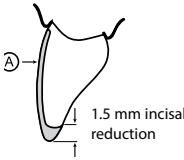
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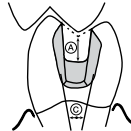


A. 0.3 to 1 mm labial reduction



1.5 mm incisal reduction

### INLAY

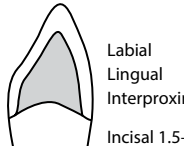


A. 1.5 to 2 mm occlusal reduction

B. Round all sharp line angles and occlusal edges, and eliminate undercuts.

C. Proximal and occlusal walls should have 6-8 degrees taper.

### ALL-CERAMIC/COMPOSITE CROWNS

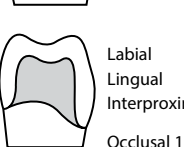


Labial

Lingual

Interproximal

1—1.5 mm



Labial

Lingual

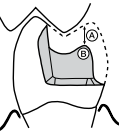
Interproximal

1—1.5 mm

Incisal 1.5—2 mm

Occlusal 1.5—2 mm

### ONLAY



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- ☐ Call doctor ☐ Spot opposing ☐ Metal occlusion
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Dr. Name Mr. James Shuck Acct. # 10-11111X

Patient Name \_\_\_\_\_ ☐ Male ☐ Female

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



COUPON CODE: \$45 off All-Ceramic — 04/30/2015 \*PUX469\*

### ALL-CERAMICS

- ☐ BruxZir Solid Zirconia\*\*  
☐ PrismaTik Clinical Zirconia  
☐ IPS e.max ☐ CAD ☐ Pressed



Signature \_\_\_\_\_

License # \_\_\_\_\_

(see reverse for limited warranty details)