

Implant Working Times

Please allow full working time for each product selected. Working times are NOT guaranteed and do NOT include weekends or holidays.

Abutments and Crowns Days in Lab

Zirconia crown over a single-stage implant abutment.....	5
Screw-retained BruxZir crown with titanium base.....	7
Custom titanium abutment.....	5
Custom titanium abutment with crown.....	10
Custom zirconia hybrid abutment with zirconia crown.....	10

Crown Preparation Guidelines

**ANTERIOR**

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**

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

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. Statement date is the 25th day of each month or the last working day before the 25th. **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.** 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.

INCLUSIVE® CUSTOM TITANIUM AND ZIRCONIA W/TI-BASE ABUTMENTS ARE COMPATIBLE WITH THE FOLLOWING IMPLANT SYSTEMS

<b>BIOMET 3i™</b> Certain®	<b>CAMLOG®</b> SCREW-LINE	<b>DENTSPLY Implants</b> ANKYLOS® C/X ASTRA TECH Implant System®	<b>Glidewell Direct</b> Inclusive® Tapered Implant System	<b>Keystone Dental</b> PrimaConnex®
<b>Neoss®</b> Neoss®	<b>Nobel Biocare</b> Brånemark System® RP NobelActive® NobelReplace®	<b>Straumann®</b> Bone Level Tissue Level	<b>Zimmer Dental</b> Screw-Vent®	

INCLUSIVE® CAD/CAM MILLED IMPLANT BARS ARE COMPATIBLE WITH THE FOLLOWING IMPLANT SYSTEMS

<b>BIOMET 3i™</b> Certain® External Hex (4.1mm)	<b>CAMLOG®</b> SCREW-LINE	<b>DENTSPLY Implants</b> ANKYLOS® C/X ASTRA TECH Implant System®	<b>Glidewell Direct</b> Inclusive® Tapered Implant System	<b>Keystone Dental</b> PrimaConnex®
<b>Neoss®</b> Neoss®	<b>Nobel Biocare</b> Brånemark System® RP NobelActive® NobelReplace®	<b>Straumann®</b> Bone Level Tissue Level	<b>Zimmer Dental</b> Screw-Vent®	

Inclusive is a registered trademark of Prismatik Dentalcraft, Inc.  
All other trademarks are property of their respective owners.

**New West  
Dental Ceramics**

2033 Swanson Ave. • Lake Havasu City, AZ 86403

**800-321-1614**  
**Fax 855-250-2830**

Dr. Name Dr. Robert Hogan

Acct. # 40-78750

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

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



**All Restorations  
Made in the USA**

Signature \_\_\_\_\_  
(see reverse for limited warranty details)

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

Indicate implant system \_\_\_\_\_

Indicate diameter below

**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 800-321-1614. For in-lab working time, see back of Rx.
- Send this Rx with your next ceramic crown over implant case to save \$30 per crown or implant abutment (up to 4 units).

**Offer expires October 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 implant case. Discount not valid with any other offer.*

**CERAMIC SHADE INSTRUCTIONS**

SHADE NO. \_\_\_\_\_

TOOTH NO. \_\_\_\_\_

STUMP NO. \_\_\_\_\_

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

**SELECT RESTORATION TYPE**

☐ Crown ☐ Splinted Crowns ☐ Bridge

**CEMENT-RETAINED RESTORATIONS**

☐ BruxZir Solid Zirconia\* ☐ BruxZir Anterior ☐ PFM Noble ☐ IPS e.max

**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

**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 Solid Zirconia (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**

If left blank, default values will be used.

**ABUTMENT MARGIN DESIGN**

☐ Shoulder for all-ceramic\* ☐ Chamfer for PFM/BruxZir\* ☐ Others

**ABUTMENT EMERGENCE PROFILE**

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

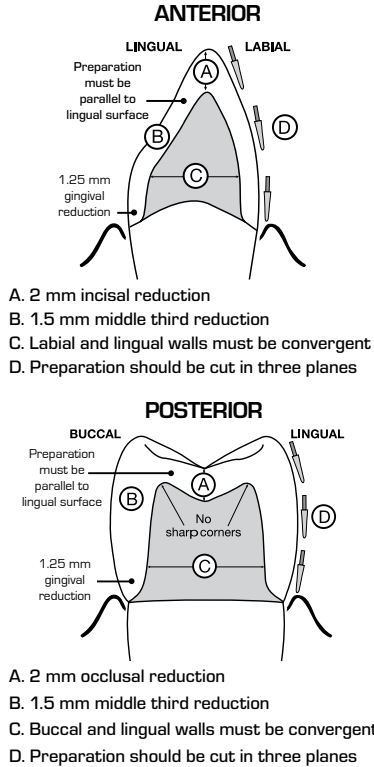
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Dr. Name **Dr. Robert Hogan**

Acct. # **40-78750**

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

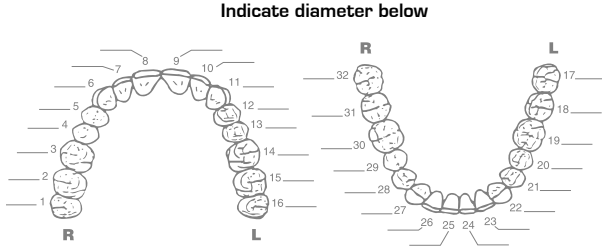
Deliver by 5 p.m. on \_\_\_\_\_ ☐ Call before starting case



Signature \_\_\_\_\_  
(see reverse for limited warranty details)

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

Indicate implant system \_\_\_\_\_




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- Carefully package your case, including this Rx, and tape box securely closed.
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TOOTH NO. \_\_\_\_\_

STUMP NO. \_\_\_\_\_

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

SELECT ABUTMENT TYPE

- Inclusive Custom Implant Abutments
- ☐ Titanium Abutment\* ☐ Zirconia w/ Ti-Base
- ☐ Prepare existing abutment
- See reverse for implant systems supported*

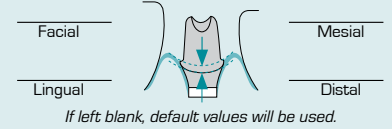
SCREW-RETAINED RESTORATIONS

- ☐ BruxZir Solid Zirconia (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



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

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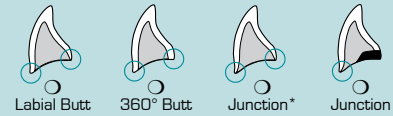
CERAMIC CONTOUR DESIGN

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

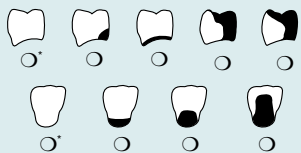
CERAMIC PONTIC DESIGN



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