



RDC RIVERSIDE
Dental Ceramics



3974 Jurupa Ave.
Riverside, CA 92506
800-321-9943
Fax 866-861-7959

Special
Rx Offer*

SAVE \$60

/unit on any fixed restoration (up to 3 units per Rx)
or save \$10 off bite splints (limit 1 per Rx)

1. Carefully package your case, including this Rx, and tape box securely shut.
2. To schedule overnight shipping pickup, call us at 800-321-9943.
3. Please allow full in-lab working time. Use this Rx to save: \$60/unit on fixed restorations (up to 3 units per Rx) or \$10 per Comfort H/S Bite Splint (limit 1 per Rx).

OFFER EXPIRES JULY 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. Limit one special offer per case. No copies accepted. Offer applicable for a maximum of four specially priced Rx's per account for specified products only. Special pricing not valid with any other offer.

Dr. Name Acct. #

Phone # Email

Address

Patient Name City / State / Zip Deliver by 5 p.m. on

First Last

Rx

PONTIC DESIGN



OCCLUSAL STAINING

- ☐ None ☐ Light**
☐ Medium ☐ Dark

- ☐ BruxZir Solid Zirconia
☐ IPS e.max
☐ PFM Non-Precious
☐ PFM Semi-Precious
☐ PrismaTik CZ
☐ PrismaTik ThinPress
☐ BioTemps
☐ Comfort H/S Bite Splint

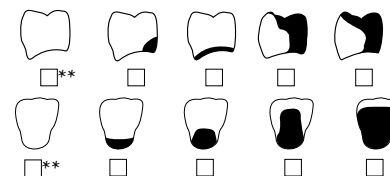
SHADE INSTRUCTIONS

☐ Male ☐ Female Age



Indicate Shade Here

MARGIN/METAL DESIGN



**Standard unless specified otherwise

ENCLOSED WITH CASE

- ☐ Impressions ☐ Models ☐ Bite
☐ Abutments ☐ Other

IF NO OCCLUSAL CLEARANCE

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



All Restorations
Made in California

Signature (see reverse for limited warranty details)

License #

\$60 Off Any Fixed Restoration



1 of 4

\$10 Off Bite Splint



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 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. Riverside 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) Transition Crowns and Bridges® up to two years; (5) 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; (6) 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.

FOR LAB USE ONLY

TELEPHONE CALL RECORD

DR. _____

ACCT. # _____

PATIENT NAME _____

RE: _____

RESULT _____

DATE OF CALL _____

INITIALS _____



RDC RIVERSIDE
Dental Ceramics



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Special
Rx Offer*

SAVE \$250 off BruxZir Full-Arch Implant Prosthesis

1. Carefully package your case, including this Rx, and tape box securely shut.
2. To schedule overnight shipping pickup, call us at 800-321-9943.
3. Please allow full in-lab working time. Use this Rx to save: \$250 off BruxZir Full-Arch Implant Prosthesis (limit 2 per Rx).

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Dr. Name _____ Acct. # _____

Phone # _____ Email _____

Address _____

Patient Name _____ City / State / Zip _____

Deliver by 5 p.m. on _____

Rx

☐ Upper ☐ Lower

Tooth Shade _____

Implant System _____

Implant Diameter _____ mm

☐ Bite block

☐ Diagnostic setup

☐ Setup try-in

☐ Implant verification jig

☐ Custom tray

☐ Reset

☐ Provisional prosthesis

☐ Final BruxZir prosthesis

(see reverse for compatible implant systems and limited warranty details)

- ☐ **BruxZir Solid Zirconia Full-Arch Implant Prosthesis**
(Precision-milled solid zirconia with tooth and gingival tissue shade.)
- ☐ **Full-Arch Implant Provisional Prosthesis**
(Precision-milled PMMA Provisional with tooth and gingival tissue shade.)

TOOTH SETUP

- ☐ Ideal ☐ Characterized
- ☐ Copy study model
- ☐ Copy existing denture
- ☐ Male ☐ Female
- Age _____

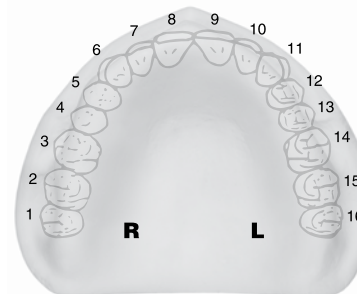
TISSUE SHADE

☐ G1 (standard)

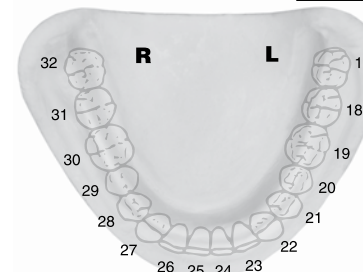
TISSUE SHADE ETHNIC

☐ G3 (Med) ☐ G4 (Dk)

*** PLEASE COMPLETE THIS SECTION ***
(A-P Spread is 1.5 x A.P.) First molar occlusion



**DISTANCE BETWEEN ANTERIOR
AND POSTERIOR IMPLANTS:** _____ mm
LOWER AP SPREAD X 1.5 mm: _____ mm



**DISTANCE BETWEEN ANTERIOR
AND POSTERIOR IMPLANTS:** _____ mm
LOWER AP SPREAD X 1.5 mm: _____ mm



All Restorations
Made in California

\$250 Off BruxZir Full Arch
Implant Prosthesis



* N T N 7 6 6 *

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

TERMS AND WARRANTY INFORMATION

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IMPLANT WORKING TIMES

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

BruxZir Full-Arch Implant Prosthesis

Days in Lab

Bite Block	4
Wax setup try-in, implant verification jig and custom tray	9
Wax setup reset	5
Provisional implant prosthesis	7
BruxZir Full-Arch Implant Prosthesis	7

THE BRUXZIR® FULL-ARCH IMPLANT PROSTHESIS IS COMPATIBLE WITH THE FOLLOWING IMPLANT SYSTEMS

BIOMET 3i™
Certain®

CAMLOG®
SCREW-LINE

DENTSPLY Implants
ASTRA TECH Implant
System®

Glidewell Direct
Inclusive® Tapered
Implant System

Straumann®
Bone Level
Tissue Level

Nobel Biocare
Brånemark System® RP
NobelActive®
NobelReplace®

Zimmer Dental
Screw-Vent®

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