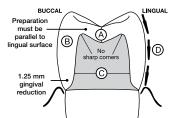
CROWN PREPARATION GUIDELINES

ANTERIOR LINGUAL Preparation must be parallel to lingual surface 1.25 mm gingival reduction

- 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
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Keystone Dental

PrimaConnex®

Zimmer Dental

Screw-Vent®

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®

Neoss®

Neoss[®]

CAMLOG® SCREW-LINE **DENTSPLY Implants**

Nobel Biocare

Brånemark System® RP

NobelActive®

NobelReplace®

ASTRA TECH Implant System®

Glidewell Direct Inclusive® Tapered Implant System

Bone Level

Straumann®

Tissue Level (RN/WN synOcta®)

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FOR LAB USE ONLY — TELEPHONE CALL RECORD

DR	ACCT. #	
PATIENT NAME		
RE:		
RESULT		
DATE DUE IN OFFICE		
DATE OF CALL	INITIALS	

IN-LAB WORKING TIME

Please allow full working time for each product selected. Working times are NOT guaranteed and do NOT include weekends or holidays. Rush service available on most products but must be prescheduled.

Abutments	and Crowns	Days in La
PFM crown	over a stock implant abutment	5
Zirconia cro	wn over a stock implant abutment	5
Screw-retain	ned BruxZir crown with titanium base	7
Screw-retain	ned PFMs	7
Custom tital	nium, zirconia or cast gold abutment	8
Custom tital	nium or cast gold abutment with crown	13

TERMS AND WARRANTY INFORMATION

Only \$7 shipping per box <u>EACH</u> 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: 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) screwretained 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, singleunit inlay, onlay and crown composite resin final prosthetics, and screwretained 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.

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Special Rx Offer*

$\mathbb{C} + \mathbb{S} / \mathbb{C}$ /crown over implant abutment or custom abutment (up to 2 units per Rx)

SELECT DESTORATION TYPE

- 1. Carefully package your case, including this Rx, and tape box securely closed.
- 2. To schedule overnight shipping pickup, call us at 800-321-9943. For in-lab working time, see back of Rx.
- 3. 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 SEPTEMBER 30, 2015.

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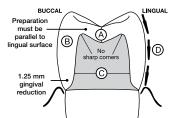
Dr. Name Mrs. Joan Newcomb	SHADE IN ORMATION	☐ Crown ☐ Splinted Crowns ☐ Bridge
Acct. # 10-11111Z	SHADE NO	Cement-Retained PFMs and All-Ceramics
Patient Name	TOOTH NO STUMP NO Occlusal Staining: Light [†] Med Dark None	Non-Precious
COUPON CODE: \$45 off Custom Abutment or Implant Crown — 09/30/2015 *CXY553*	SELECT ABUTMENT TYPE Inclusive Custom Implant Abutments Titanium Abutment' Zirconia w/ Ti-Base Prepare existing abutment	Ceramic Contour Design Embrasures: Open Closed¹ Occlusion: Heavy Light¹ Contacts: Pinpoint Light Broad & Tight¹
	See reverse for implant systems supported Screw-Retained Restorations PFM Noble (no visible metal) PFM Noble PFM Noble (metal lingual) BruxZir (w/ Ti-Base) [†] IPS e.max (w/ Ti-Base)	Ceramic Pontic Design
* All Restorations Made in California	Parallel Abutments No Yes (Indicate which abutments will have restorations splinted together for insertion.) Abutment Margin Depth	Labial Butt 360° Butt Junction Junction
Signature(see reverse for limited warranty details) License #	Facial Mesial Lingual Distal If left blank, default values will be used.	Ceramic Metal Design
Indicate implant system Indicate diameter below	Abutment Margin Design Shoulder for Chamfer for all-ceramic PFM/BruxZir	'Standard unless specified otherwise
-6 - 11	Abutment Emergence Profile	If No Occlusal Clearance ☐ Call doctor ☐ Spot opposing ☐ Metal occlusion ☐ Metal island ☐ Make this a permanent note in my master file
R L 27 26 25 24 23 22 22 26 25 24 23 26 25 24 23 26 25 24 23 25 24 23 25 24 23 25 24 23 25 24 25 24 25 25 24 25 25 24 25 25 24 25 25 24 25 25 25 24 25 25 25 25 25 25 25 25 25 25 25 25 25	☐ Surgical ☐ Tissue ☐ No tissue placement displacement displacement	Laboratory Use Only

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