

Dr. Name _____
 Address _____ City/State/Zip _____
 Phone # _____ Email _____
 Patient Name _____ First _____ Last _____ ☐ Male ☐ Female Age _____
 Deliver by 5 p.m. on _____ Try-in ☐ Yes ☐ No

R_x



Signature _____ License # _____

(see reverse for limited warranty details)

\$55 Off BruxZir Restorations



* K A S 9 2 6 *

\$55 Off IPS e.max Restorations



* T K M 4 6 4 *

\$55 Off PCZ Restorations



* G U P 7 7 8 *

\$55 Off Inclusive Abutments



* V G D 2 9 7 *

1 of 4

FINAL SHADE

Indicate Shade Here _____

OCCLUSAL STAINING

☐ None ☐ Medium
☐ Light* ☐ Dark

PONTIC DESIGN



INDICATE IMPLANT SYSTEM AND DIAMETER

 _____ mm

See reverse for implant systems supported

DigiTech

DENTAL RESTORATIONS

8880 NW 20th St. ■ Ste. C ■ Doral, FL 33172

888-336-1301 ■ Fax 888-336-6006
 www.digitechlab.com

SELECT PRODUCT TYPE

☐ BruxZir Solid Zirconia ☐ PrismaTik CZ
☐ IPS e.max ☐ Comfort Hard/
☐ Inclusive Abutment ☐ Soft Bite Splint
☐ Comfort Splint (Hard)

SELECT ABUTMENT TYPE

☐ Titanium Abutment*
☐ All-Zirconia Abutment
☐ Zirconia w/ Ti-Base
☐ Prepare existing abutment

*Standard unless specified otherwise

PARALLEL ABUTMENTS

☐ No
☐ Yes (Indicate which abutments will have restorations splinted together for insertion.)

SELECT SCREW-RETAINED IMPLANT RESTORATION TYPE

☐ BruxZir Solid Zirconia (w/ Ti-Base)
☐ IPS e.max (w/ Ti-Base)

ENCLOSED WITH CASE

☐ Impressions ☐ Models
☐ Bite ☐ Photos
☐ Other: _____

NOTE: Please send a study model on all work involving anterior teeth.

Special Rx Offer** To schedule your in-office case pickup, call **888-336-1301**. Send this Rx with your next BruxZir Solid Zirconia, IPS e.max, PrismaTik Clinical Zirconia or Inclusive Abutment case, and save \$55 per restoration (up to 4 units).

Offer expires May 31, 2015. **Price does not include round-trip overnight shipping (\$14 per box) or applicable taxes. Limit one special offer per case. Offer applicable for a maximum of four specially priced Rx's per account for specified product only. No copies accepted. Special pricing not valid with any other offer.

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

BruxZir/IPS e.max/
Prismatik CZ restoration 5 days in lab

BruxZir/IPS e.max/Prismatik CZ over
stock abutment, custom abutment
or screw-retained implant restoration 8 days in lab

Inclusive Custom Implant Abutment 8 days in lab

To schedule an in-office case pickup, call: **888-336-1301**

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.

All cases returned via overnight courier service.

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. DigiTech Dental Restorations ("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) other all ceramic (including screw-retained zirconia bridges), up to seven years; (3) thermoformed appliances and splints if the failure is due to defects in materials or workmanship, up to six months; and, 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 Florida. The lab does not guarantee the performance of independent carriers.

**INCLUSIVE® CUSTOM TITANIUM AND ZIRCONIA
WITH 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®
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Neoss® Neoss®	Nobel Biocare® Brånemark System® NobelActive® NobelReplace®	Straumann® Bone Level®	Zimmer Dental® Screw-Vent®
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**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.
Not a trademark of DigiTech Dental Restorations.*

Dr. Name _____
 Address _____ City/State/Zip _____
 Phone # _____ Email _____
 Patient Name _____ ☐ Male ☐ Female Age _____
 Deliver by 5 p.m. on _____ *See Reverse For Working Times* Try-in ☐ Yes ☐ No
 Enclosed with case: _____
☐ Impressions ☐ Models ☐ Bite ☐ Photos ☐ Other: _____

DigiTech

DENTAL RESTORATIONS

8880 NW 20th St. ■ Ste. C ■ Doral, FL 33172

888-336-1301 ■ Fax 888-336-6006

www.digitechlab.com

☐ **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)

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)



All Restorations
Made in the USA

\$250 Off BruxZir Full-Arch
Implant Prosthesis



* X T H 8 3 4 *

1 of 2

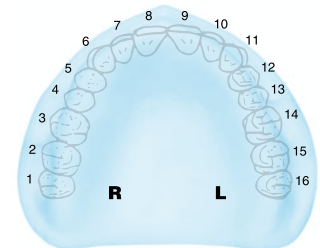
Signature _____ License # _____

Special Rx Offer** To schedule your in-office case pickup, call **888-336-1301**. Send this Rx with your next BruxZir Full-Arch Implant Prosthesis and save \$250 (limit 2 per Rx).

Offer expires May 31, 2015. **Price does not include round-trip overnight shipping (\$14 per box) or applicable taxes. Limit one special offer per case. Offer applicable for a maximum of two specially priced Rx's per account for specified product only. No copies accepted. Special pricing not valid with any other offer.

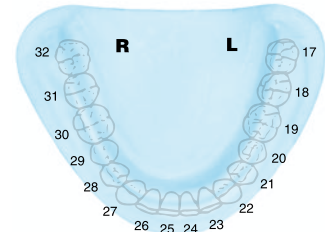
©2014 DigiTech Dental Restorations

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



DISTANCE BETWEEN ANTERIOR
AND POSTERIOR IMPLANTS: _____ mm

UPPER AP SPREAD X 1.5 mm: _____ mm



DISTANCE BETWEEN ANTERIOR
AND POSTERIOR IMPLANTS: _____ mm

LOWER AP SPREAD X 1.5 mm: _____ mm

LABORATORY USE ONLY

By _____ Mail _____

DT-104-010115

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888-336-1301

Only \$7 shipping per box EACH way (contiguous U.S. only; shipping charge varies for Alaska, Hawaii and Puerto Rico).

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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

Working times vary; please call lab for more information.

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

Nobel Biocare®
Brånemark System®
NobelActive®
NobelReplace®

Straumann®
Bone Level®

Zimmer Dental®
Screw-Vent®

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